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## ABSTRACT

This guide offers Head Start staff training in how to prevent, or identify and respond to family crises in ways that can build resiliency in families. Following an introductory section, the guide presents four training modules. Each module details expected outcomes, key concepts, background information, learning activities, and next steps. Handouts are included for each module. Module One, "Preventing Family Crises," examines crisis prevention via a solution-focused approach. Module Two, "Assessing Family Crisis," prepares staff to recognize and assess families in a state of crisis. This section also explores the elements contributing to crises, the phases of crises, and the psychological effects of crises. Module Three, "Responding to Families in Crisis," focuses on crisis intervention and the role of Head Start staff in carrying out and supporting that process. Intervention techniques to defuse and resolve a crisis are explored. Module Four, "Dealing with Potentially Dangerous Situations," examines the issues of family and staff safety at a number of levels, along with strategies for dealing with challenging or threatening behaviors. The final sections include information on continuing professional development, activities that reinforce and expand staff skills, and resources for further information. (SD)

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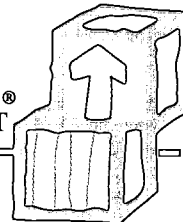
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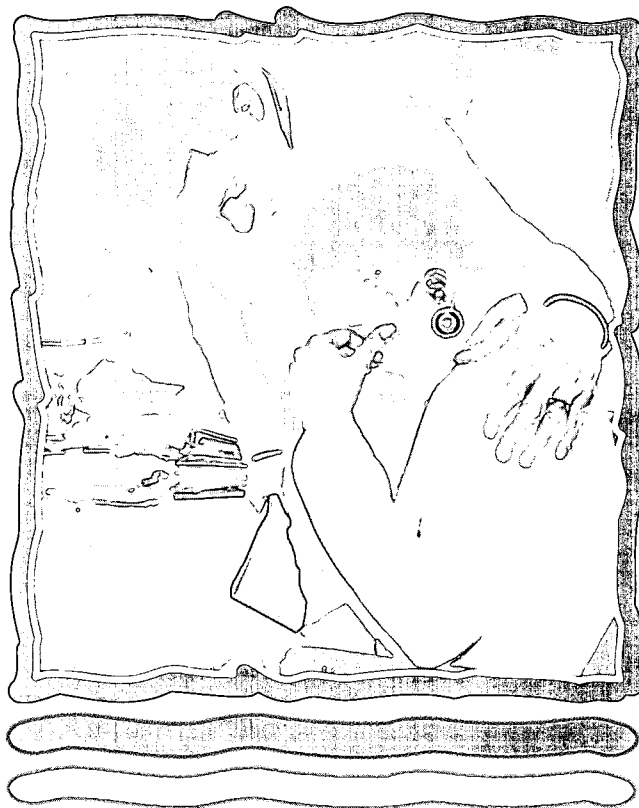
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HEAD START®



# Training Guides for the Head Start Learning Community

## *Supporting Families in Crisis*



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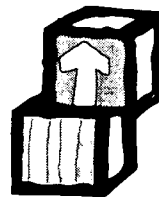
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HEAD START®



# Supporting Families in Crisis

## *Training Guides for the Head Start Learning Community*

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration for Children and Families  
Administration on Children, Youth, and Families  
Head Start Bureau

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✻ Photo courtesy of the National Alliance of Business, Washington, D.C. ✻

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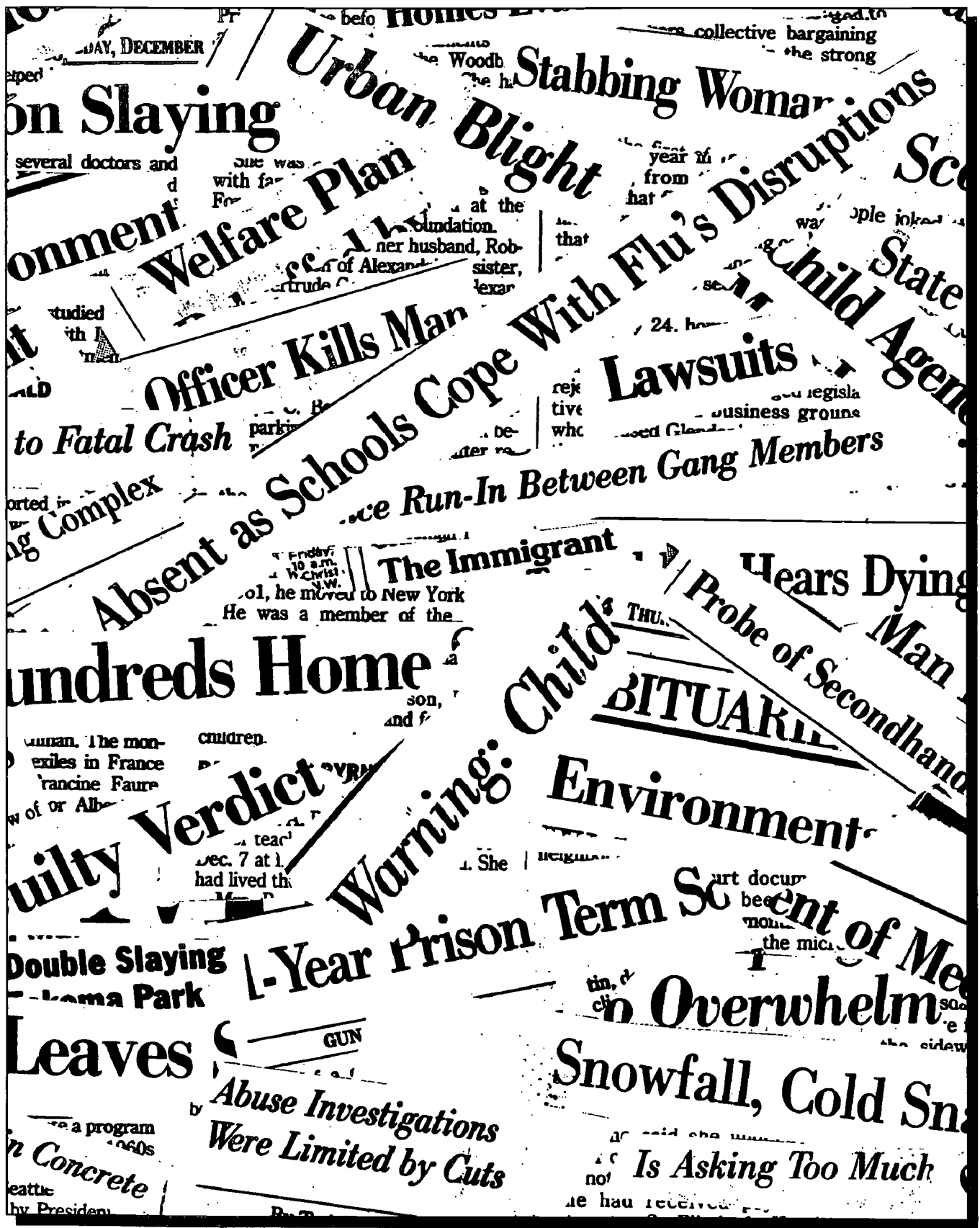
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# Preface



Natural disasters, serious illness, layoffs, shootings, and family violence are events that most of us read in the newspaper, see on television, or hear on the radio daily. However, these are not stories; they are actual events experienced by real families. In many of these highly stressful or traumatic situations, the lives of families are disrupted and basic family responsibilities may not be met. Often, it is at this time that families are thrust into crisis.

A crisis is an upset in a steady state causing a disruption or breakdown in an individual's or family's usual pattern of functioning. When families experience a crisis, they sometimes find that their usual ways of coping or problem solving do not work; as a result, they feel vulnerable, anxious, and overwhelmed. Without support, families may experience other crises.

Head Start staff throughout the country report the growing and complex needs of the children and families they serve. These needs present new challenges to Head Start programs that are already strained for time, resources, and staff. *Supporting Families in Crisis* offers Head Start staff training on how to prevent, identify, and respond to family crises in ways that can build resiliency in families.

This guide focuses on the skills of crisis prevention and intervention, helping staff to:

- **Seek out** families experiencing stressful, and perhaps, crisis-producing situations;
- **Work** with families to find solutions to the issues causing them the most stress;
- **Recognize** and **assess** families already in a state of crisis;
- **Develop** planned intervention responses to stabilize families in crisis;
- **Use** intervention techniques to defuse and resolve a crisis;
- **Help** families in crisis use specialized resources in the community; and
- **Collaborate** with crisis intervention programs and other community resources to support families through crises.

This guide also examines issues of family and staff safety at a number of levels: risk assessment, protection of family members, staff self-protective measures, and program measures aimed at staff safety.

As managers, you can provide staff with the specific training and ongoing staff development activities they must have to support families at risk of crisis. Your role is crucial in ensuring that crisis intervention policies, procedures, and supports for staff are in place. Success of the program in bringing needed services and resources to families depends largely on your involvement.

## Overview

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*It's a great satisfaction knowing that for a brief point in time you made a difference.*

—Irene Natividad, Philippine American Political Activist

### Purpose

While Head Start staff may not see themselves as crisis prevention specialists, all supportive interactions with families have the potential to offset a family crisis. Staff support—in all of its many forms—helps families respond to stress-producing situations or events with adaptability.

Despite Head Start's supportive efforts, some Head Start families experience crises. Crises erupt whenever families find themselves unable to cope with or resolve stressful situations or events. Most simply stated, crises are times when families do not know how to overcome a major upset in their lives. Anxiety builds and takes its toll on all family members, leaving the family vulnerable to yet another crisis.

Head Start plays an essential crisis prevention and intervention role with families. Staff are well positioned to identify and respond to families facing highly stressful situations. Staff often serve as a support network in times of family instability, emergency, or crisis.

The role of Head Start staff is to recognize and assess the crisis situation, listen and provide assurance, and help the family use specialized resources in the broader community. In some cases, a Head Start staff member is the crisis intervention team leader. Whether staff provide the needed assistance or intervention, or refer families to community resources, they are key sources of support to the family.

*Supporting Families in Crisis* establishes the framework for staff to help families avoid or work through a crisis. Crises can place staff and/or family members in unsafe situations. Therefore, this guide also provides staff with the opportunity to explore safety issues and to learn strategies for reducing risk.

### Audience

Target audiences for this guide's training program are:

- **Head Start staff** who routinely provide services to families.
- **Program managers and coordinators** as they design and improve services for families, professional development activities for staff, and safety measures for families and staff.

### Performance Standards

The Head Start Program Performance Standards direct Head Start programs to offer services, support, and referrals to the families of enrolled children and encourage staff to establish family and community partnerships that are responsive to the needs of children and families. This guide, *Supporting Families in Crisis*, reinforces those Performance Standards. It provides

# Introduction

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learning activities that encourage staff to develop and refine skills for preventing, identifying, and handling crises.

## Organization

*Supporting Families in Crisis*, a technical guide, focuses on the skills Head Start staff need to in order to work effectively with families in stressful situations. It is one in a series of guides designed to build the capacity of Head Start staff within local programs. *Supporting Families in Crisis* builds on the learning opportunities provided in:

- *Building Supportive Communities*, which provides the foundation for developing local Head Start programs into strong communities for staff and families;
- *A Design for Family Support*, which targets the development of strong staff-family partnerships; and
- *Family Partnerships: A Continuous Process*, which identifies the ongoing and integrated process of the family partnership agreement.

By completing the activities in this guide, staff will achieve the following **guide outcomes**:

- **Assess** stress-producing situations or events contributing to family crisis, and their impact on the family's ability to cope;
- **Recognize** families at risk of crisis, and help them develop solution-focused plans aimed at crisis prevention;
- **Develop** and implement action plans to stabilize and support families in crisis;
- **Know** when to refer families to specialized intervention services within the community; and
- **Take** appropriate steps during potentially dangerous situations to ensure personal safety and the safety of family members.

This guide is divided into four modules. Each module has specific outcomes for participants to achieve. The **module outcomes** evolve from the guide outcomes. The module's **background information** provides a context for trainers and coaches on the **key concepts** (the activity's main ideas) covered in the module. The guide includes the following modules:

- **Module 1: Preventing Family Crisis**

This module brings crisis prevention into focus. Staff are encouraged to seek out families in stressful situations and help them find solutions to the issues they see as the most stress-producing. The family support skills

# Introduction

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taught in other guides in the series provide the basis for this module's solution-focused approach to crisis prevention. In this module, staff learn some additional techniques for employing those skills in their work with families.

## ■ **Module 2: *Assessing Family Crisis***

Although the work of Head Start involves keeping families from having a crisis, crises cannot always be prevented. This module prepares staff to recognize and assess families in a state of crisis. This module also explores the elements contributing to crises, the phases of crises, and the psychological effects of crises.

## ■ **Module 3: *Responding to Families in Crisis***

This module focuses on crisis intervention and the role of Head Start staff in carrying out and supporting that process. Staff develop planned responses for stabilizing families in crisis and learn intervention techniques to defuse and resolve a crisis.

## ■ **Module 4: *Dealing with Potentially Dangerous Situations***

In this module, staff examine the issues of family and staff safety at a number of levels: risk assessment, the protection of family members, staff self-protective measures, and program measures aimed at staff safety. "Flight" and "fight" defenses are examined by staff, along with strategies for dealing with challenging or threatening behaviors.

Follow-up strategies, or **Next Steps: Ideas to Extend Practice**, are located at the end of each module. These activities help participants review key information, practice skills learned in the module, and examine their progress.

Two different training options, workshop and coaching, are provided in this guide so that management teams can respond to the different learning styles of staff. Some local Head Start agencies may want to provide the guide's training program in the workshop format, others may want to use the coaching format, and still others may want to use a combination of both. These training strategies are described in the **Definition of Icons** section.

The **Continuing Professional Development** section lists activities that agencies may find useful to reinforce and expand staff skills in crisis prevention and intervention.

A **Resources** section, located at the end of the guide, describes books, journals, newsletters, information systems, organizations, and audiovisual materials that offer in-depth information on the topics covered in this guide.

# *Introduction*

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## *Trainer or Coach Selection*

In planning this guide's training program, management staff should carefully select the person(s) who will conduct the workshops and/or coaching sessions. Trainers and coaches should have experience facilitating training sessions. They need to be committed to a family-centered and family strengths intervention model. They should have experience in crisis intervention and in serving low-income families of diverse cultural backgrounds. Trainers and coaches may be found in colleges and universities and in community agencies, such as Head Start centers, family resource centers, and family preservation and crisis intervention programs.

## *Instructions*

Before conducting the activities in this guide, prepare for the training event by doing the following:

- **Familiarize** yourself with each module's key concepts and background information. These sections provide a conceptual framework to support successful training delivery.
- **Ensure** the achievement of the module outcomes by completing all the module activities for either the coaching or workshop strategy. While each activity is written to stand alone, most activities within the module are sequential and build on previous material.
- **Evaluate** the activities and handouts thoroughly to ensure appropriateness for training participants. Activities are written for staff who regularly interact with families. However, some activities may not suit the individual training needs of all staff members.
- **Use** the time frames identified for each activity in the **At A Glance** section only as a guide. Time will vary depending on the group size and experience level, the needs of the group, the trainer's ability, and the flow of discussion.
- **Establish and make sure** staff understand the ground rules for maintaining group and family confidentiality.

## Definition of Icons

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### *Coaching*



A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach working closely with one to three participants.

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### *Workshop*



A facilitated group training strategy that fosters the development of skills through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.

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### *Next Steps: Ideas to Extend Practice*



Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.

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### *Continuing Professional Development*



Follow-up activities supporting continued staff development in the skills addressed in the training guide, including:

- (1) Opportunities to help the participants build on the skills learned in the training; and
- (2) Strategies to help the participants identify and develop new skills, through such opportunities as higher education, credentialing, or community education programs.

# Introduction

## At A Glance

<i>Modules</i>	<i>Activity</i>	<i>Time*</i>	<i>Materials</i>
<b>Module 1: Preventing Family Crisis</b>	Activity 1-1: What Is a Family at Risk? (W)	75 minutes	Handouts 1, 2, and 3, Newsprint, Markers, Tape
	Activity 1-2: Identifying Families at Risk (C)	75 minutes	Handouts 2 and 3, Newsprint, Markers, Tape
	Activity 1-3: Guided Conversations with Families (W)	75 minutes	Handout 4, Newsprint, Markers, Tape
	Activity 1-4: Working with Families to Prevent Crises (W)	105 minutes	Handouts 5 and 6, Newsprint, Markers, Tape
	Activity 1-5: Developing Solution-Focused Plans (C)	135 minutes (Three 45-minute sessions)	Handouts 4 and 6, Newsprint, Marker, Tape
<b>Module 2: Assessing Family Crisis</b>	Activity 2-1: Crisis Survivors (W)	40 minutes	Index Cards, Newsprint, Markers, Tape
	Activity 2-2: What Is a Crisis? (W)	75 minutes	Handouts 1, 2, 3, 4, and 5, Newsprint, Markers, Tape
	Activity 2-3: Identifying Head Start Families in Crisis (C)	80 minutes	Handouts 1, 2, 3, 5, and 6, Newsprint, Markers, Tape

*(W) = Workshop*

*(C) = Coaching*

\*Time will vary depending on the group size and experience level, the needs of the group, the trainer's skill, and the flow of discussion.



# Introduction

<i>Modules</i>	<i>Activity</i>	<i>Time*</i>	<i>Materials</i>
<b>Module 3: Responding to Families in Crisis</b>	Activity 3-1: Responding to a Family in Crisis (W)	60 minutes	Handouts 1 and 2, Newsprint, Markers, Tape
	Activity 3-2: Developing the Crisis Intervention Response (W)	75 minutes	Handouts 1, 3 and 4, Newsprint, Markers, Tape
	Activity 3-3: Building Crisis Intervention Skills (C)	180 minutes (two 30-minute sessions and one 2-hour site visit)	Handouts 2, 3, 5 and 6, Scheduled Site Visit, Newsprint, Markers, Tape
	Activity 3-4: Techniques for Defusing a Family Crisis (W)	90 minutes	Handouts 1, 4, 6, 7, and 8, Name Tags, Newsprint, Markers, Tape, Scissors
<b>Module 4: Dealing With Potentially Dangerous Situations</b>	Activity 4-1: Identifying High-Risk Situations (C)	80 minutes	Handouts 1 and 2, Newsprint, Markers, Tape
	Activity 4-2: What Would I Do, If . . . ? (W)	135 minutes	Handouts 1 and 3, Newsprint, Markers, Tape
	Activity 4-3: Developing a Plan for Personal Safety (C)	45 minutes	Handouts 4 and 5, Newsprint, Markers, Tape
	Activity 4-4: Strategies for Dealing with Threatening Behaviors (W)	105 minutes	Handouts 6 and 7, Name Tags, Newsprint, Markers, Tape
	Activity 4-5: Responding to "Fight" and "Flight" Behaviors (C)	50 minutes	Handouts 6 and 7, Newsprint, Markers, Tape

(W) = Workshop

(C) = Coaching

\*Time will vary depending on the group size and experience level, the needs of the group, the trainer's skill, and the flow of discussion.

## Preventing Family Crisis

### Outcomes

As a result of completing this module, participants will be able to:

- **Identify** families at risk of crisis;
- Use a strengths perspective and solution-focused approach in their work with families; and
- **Engage** families in developing and implementing solution-focused plans targeted on crisis prevention.

### Key Concepts

The key concepts of Module 1 that support the skills needed for crisis prevention include:

- **A crisis is an upset in a steady state causing a disruption in a family's usual way of functioning.** Families in crisis may find that their usual ways of coping or problem solving do not work; as a result, a crisis may be a time of heightened family stress and anxiety.
- **Crisis prevention is aimed at relieving family stress.** Many families experience stress and need support at some time. The interdisciplinary resources of the Head Start community are particularly well-suited to address the needs of families experiencing stress. Most families are open to help and support in overcoming the stress-producing situations. Often, Head Start's work with families in this area is geared toward crisis prevention.
- **Some crises can be anticipated and prevented, while other crisis situations require support.** Certain life situations or events may lead to mounting tension and stress. Families, under stress and operating outside of their usual range of experience, are often open to help and support before crises erupt. In order for staff to anticipate and prevent crises, they should watch for stress-producing situations or events and then work in partnership with a family to find solutions.
- **A strengths perspective, which staff can bring to families, is the key to crisis prevention.** The strengths perspective emphasizes respect for the way the family views itself and its world. It accentuates what the family has accomplished and does well, and builds on these competencies to find solutions to stress-producing situations or events.
- **Solution-focused plans work to prevent crisis.** A solution-focused approach, which is based upon the strengths perspective, is designed to prevent a family crisis. Solution-focused plans are statements, written by families, with staff assistance, that spell out solutions to the major causes or sources of family stress.

# Module 1

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## **Background Information**

Supportive interactions with families have the potential to offset a family crisis. Staff support—in all of its many forms—helps families respond to stress-producing situations with adaptability.

Despite Head Start's supportive efforts, Head Start families may experience crises. Crises erupt whenever families find themselves unable to cope with or resolve stressful situations or events. Most simply stated, stress builds and takes its toll on all family members, leaving the family susceptible to crisis.

This module brings into focus the crisis prevention aspect of Head Start's work with families. Staff are encouraged to identify families particularly at risk of crises and help them find solutions to the issues they see as the most stress-producing. The family support skills taught in other guides in this series (e.g., building staff-family partnerships, identifying family strengths, partnership talk, goal setting, and implementing family partnership agreements) provide the basis for this module's solution-focused approach to crisis prevention. In this module, staff learn some additional techniques for employing those skills in their partnerships with families.

### **Identifying Families at Risk of Crisis**

Although no family is immune to crises, some families are particularly vulnerable. Early identification and support by Head Start staff may help the family avoid a crisis. This module offers staff a starting place for identifying families at risk of crisis.

Stress-producing situations or events, which may be outside the family's usual range of experiences, include:

- **Family Situations.** Examples include the desertion of a parent, a runaway teen, an unplanned pregnancy, a serious illness or injury, neighbors' complaints about the family, a child abuse and neglect investigation, illegal drug use, or spouse abuse. Events that many families view as happy times, such as a marriage, the birth of a child, a child going to Head Start or public school for the first time, an adolescent becoming more independent, a grown child leaving the home, a family's move to a new community, a new job, or retirement, can be very stressful times for other families.
- **Economic Situations.** Sudden or chronic financial strain caused by loss of employment or public assistance, a theft of household cash or belongings, high medical expenses, missed child support payments, haphazard credit card use, and money "lost" to gambling or drug addiction lead to many family crises.
- **Community Situations.** Examples of stressful community events include deliberate acts of violence, such as drive-by shootings, neighborhood riots or civil disturbances, and gang activities. Crowded

or deteriorating housing conditions, lack of access to culturally appropriate community resources and services, and inadequate educational programs are some other ways a community may contribute to family crises.

- ▣ **Natural Elements.** Disasters such as floods, hurricanes, fires, and earthquakes can create crises for families. Even extended periods of high heat and humidity, gloomy weather, and excessively cold weather can be very stressful and contribute to a family crisis.

Attentive staff encounter many opportunities to identify families at risk. The on-going process of developing family partnerships through home visits, meetings with a family about a child's progress, observations of children's and parents' behaviors, news about a significant event in the life of a family, and/or remarks made by parents during seemingly casual conversations may signal that a family is in distress. The identification of families at risk hinges on staff with "antennas" always up to receive the signals.

## **Engaging Families in Crisis Prevention**

When engaging families in crisis prevention, staff must come from a strengths—rather than a deficit—perspective. A strengths perspective rests on five basic assumptions. First and foremost, despite life's problems, all people possess strengths. Second, family motivation is encouraged by an emphasis on strengths. Third, the discovery of family strengths occurs through a cooperative partnership between staff and families. Fourth, a focus on strengths reduces the temptation to "blame the victim" and shows, instead, how the family has managed to survive. Fifth, all environments and situations—even the most bleak—contain strengths.

Once a family signals distress, it is critical for staff to reach out and show interest in hearing about the family's situation. Some families may not take or need the assistance offered by staff, but might still feel supported knowing that Head Start cares about them. Others may not be ready to explore "private" family matters with staff, but will be ready at a later time. Most families, however, will welcome staff into their lives, relieved that someone cares and wants to listen and help.

## **Solution-Focused Approach**

A solution-focused approach, which is based upon a strengths perspective, helps families shift away from a focus on "problems" to a focus on "solutions." Listening to a family marks the beginning of a solution-focused approach to crisis prevention. Staff ask family members to talk about what is causing them the most stress—how the issue is affecting them and their family—and the kind of crisis they fear the family will experience if no solution is found. Staff then support the family as members find solutions. Some strategies include:

## ■ Stress Reduction

One way to prevent crises is through stress reduction. A family must be able to deal effectively with stress-producing situations in order to prevent an escalating state of crisis. Stress, when dealt with appropriately, can energize the family to grow, learn, connect, and achieve. Families that are able to see (or are helped to see) a stressful situation or event as a challenge, rather than as a threat, are likely to resolve or adapt to the situation quickly. Typically, such families have solved problems well in the past. With support and encouragement, families can avoid crises by learning and practicing stress reduction strategies that are well within their reach.

Some stress reduction strategies that staff can offer families to help ease tension include getting physical activity, making time for fun, or practicing positive self-talk. Thus, families are able to find the coping skills and resources to master the stressful situations, which leaves them stronger and better prepared for dealing with stress in the future.

## ■ Guided Conversations

Through guided conversations, staff use questions to find solutions to stress-producing situations or events. It is important for staff to adapt these questions to their own personality and style of relating, as well as to the family's. Types of questions include:

- **Wish questions**, to lead the family to where it wants to be;
- **Exception-finding questions**, to uncover the ways family members have solved or managed problems in the past. These questions also heighten awareness of the contributions, or the strengths, of family members which led to previous solutions;
- **Scaling questions**, to help both the family and staff break down complex issues into concrete and measurable terms;
- **Coping questions**, to produce an upswing in the family's confidence and motivation. The new-found confidence and motivation become yet other examples of family strengths for staff to recognize and affirm; and
- **"What's better" questions**, to provide staff opportunities to point out and reinforce how the thoughts, actions, and feelings of family members contributed to improving the stressful situation.

## ■ Solution-Focused Plans

Families showing signs of severe distress are likely to require a more comprehensive approach to crisis prevention. Solution-focused plans,

designed to prevent crises, are made by families with the assistance of staff; they pinpoint solutions to the major causes or sources of family stress. A solution-focused plan is based on the following questions:

- What stress-producing situation(s) is the family facing?
- What issue is causing the most stress for the family?
- What are the family's options for resolving the situation?
- Which option(s) does the family want to try first?
- What strengths and/or resources are available within the family to improve the situation? The Head Start community? The broader community?

For example, if a single unemployed mother sees herself as being physically drained from the demands of parenting and has no sources of support, a solution-focused plan "to find someone to watch my kids two afternoons a week" might be one route toward her rejuvenation. Achieving this seemingly simple plan might require many steps for both the mother and the worker. The mother may need help from staff to develop a list of potential baby-sitters (e.g., other Head Start families, neighbors, relatives, friends from church); practice asking for help; or decide how she will make good use of her "free" time. The staff person may need to check out community resources that provide respite for parents in distress; introduce the mother to other Head Start parents; suggest stress reduction strategies the mother might try when feeling overwhelmed; and, encourage the mom to pursue her talents and special interests.

There is no "magic" crisis prevention recipe. Each family has different strengths, beliefs, needs, and desires. Even families experiencing similar stressors will require different types of responses. The challenge to staff is to sharpen their focus on families at risk of crisis, bring out a strengths perspective in these families, and lead the families toward solutions before crises erupt.

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## Activity 1-1: What Is a Family at Risk?



**Purpose:** To increase staff skill in identifying families at risk of crisis.

### Preparation

For this activity, you will need:

- ▣ Handout 1: *Family Scenarios: Identifying Families at Risk*
- ▣ Handout 2: *An In-Depth Look at a Family at Risk*
- ▣ Handout 3: *Stress Reduction Strategies*
- ▣ Newsprint/Markers/Tape

1. *Present the concept of crisis prevention.* Explain that in this activity staff will examine Head Start families at risk of crisis. Although any family can experience a crisis, some families are particularly vulnerable. Sometimes crises can be prevented in families through Head Start's early identification and support.
2. *Define families at risk.* Point out that stress-producing situations or events can make families vulnerable to crisis, particularly when the situations fall outside the families' usual range of experiences. Ask participants to give examples of: 1) family situations; 2) economic situations; 3) community situations; or 4) natural elements that create stress in families. Use examples from the module's background information and the work experiences of staff to enhance the discussion.
3. *Initiate a small group exercise.* Divide participants into groups of four or five persons. Distribute handouts 1 and 2 and assign each group a different family scenario. Instruct the groups to read and discuss the assigned family scenario, using handout 2 as a discussion guide. Encourage groups to record their findings on newsprint. Allow 30 minutes for the groups to complete their task. If groups finish early, ask them to read and discuss another family scenario.
4. (a) *Take an in-depth look at families at risk of crisis.* Reconvene the large group. Ask for a volunteer from the group assigned to the first family scenario to present the group's findings. After each presentation, encourage discussion of the following questions:
  - ▣ Do you think this family is at risk of a crisis? Why? Why not?
  - ▣ What would you do to form a crisis-prevention partnership with this family?
  - ▣ How do you think this family would respond to your offers of partnership?(b) Repeat the process for each scenario.



5. *Explore strategies for helping families respond to stress with adaptability.* Tell participants that one way to prevent crises is through stress reduction. Point out that families may benefit from learning some practical strategies for reducing stress. Refer participants to handout 3 and go over the stress reduction tips. Discuss how staff might present the tips to Head Start families.
6. *Closing.* Recap presentation and discussion highlights. Encourage staff to make identifying families at risk of crisis a priority in their work.

## Activity 1-2: Identifying Families at Risk



**Purpose:** To increase staff skills in crisis prevention through early identification of families at risk.

### Preparation

For this activity, you will need:

- Handout 2: *An In-Depth Look at a Family at Risk*
- Handout 3: *Stress Reduction Strategies*
- Newsprint/Markers/Tape

1. *Present the concept of crisis prevention.* Explain that in this activity staff have the opportunity to examine Head Start families at risk of crises. Emphasize that although any family can experience a crisis, some families are particularly vulnerable. Crises can be prevented in families through Head Start's early identification and support.
2. (a) *Identify families vulnerable to crises.* Ask participants the question:
  - From your experience working with Head Start families, what issues do you think place some families at risk of crises?

As issues are identified, record them on newsprint.

(b) Using the module's background information, discuss families at risk of crises. Point out that stress-producing situations or events make families vulnerable to crises, particularly when the situations fall outside the families' usual range of experiences.

(c) From the issues listed on newsprint, have participants identify them as: 1) family situations; 2) economic situations; 3) community situations; and 4) natural elements that create stress in families.

3. *Assign homework.* Ask staff to choose one Head Start family that they believe may be vulnerable to a crisis. Distribute handout 2. Explain that as homework, you want them to complete the handout by assessing the



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chosen family's risk of having a crisis. Set up a date and time to meet again with participants.

4. *Debrief the homework.* At the next meeting, review handout 2. Discuss the potential for a crisis to erupt in each family. Encourage participants to examine their crisis prevention role with the family.
5. *Explore strategies for helping families respond to stress-producing situations or events with adaptability.* Point out that families may benefit from learning some practical strategies for reducing stress. Refer staff to handout 3 and go over the stress reduction tips. Discuss how participants might present these tips to the selected Head Start family.
6. *Closing.* Recap highlights from the discussions with participants. Encourage participants to make crisis prevention a priority in their work with families.

## Activity 1-3: Guided Conversations with Families



**Purpose:** To expand staff skills in using guided conversations to draw out the strengths in families.

### Preparation

For this activity, you will need:

- Handout 4: *Guided Conversations with Families*
- Newsprint/Markers/Tape

1. *Introduce the activity.* Emphasize the important role staff have in crisis prevention. Point out that crises can be prevented in Head Start families by using a solution-focused approach that draws on family strengths. Explain that in this activity, participants will learn how to engage families in conversations that guide family members toward solutions to stress-producing situations.
2. (a) *Present the strategy of guided conversations.* Explain that guided conversations can help both staff and families gain the strengths perspective necessary for preventing crises. Refer participants to handout 4, which presents types of strengths-perspective questions to guide conversations with families. Go over the descriptions of the questions and ask participants to add to the examples given in each category.  
  
(b) Ask for a volunteer to describe a family that seems "stuck," dwelling on the same problems without taking actions that would resolve the problems. Using the family as a backdrop, have participants give examples of how they might guide a conversation with this family.

3. (a) *Have staff practice guiding conversations.* Ask participants to form pairs, designating one as "Partner A" and the other as "Partner B." Explain that partners will take turns practicing the use of strengths-perspective questions, as described in handout 4.

(b) As a warm-up to the exercise, explain that Partner A is to spend the next few minutes telling Partner B about a personally stressful situation. Explain that after the sharing process is completed, Partner B is to initiate a guided conversation with Partner A that includes the use of one or more kinds of strengths-perspective questions. Emphasize that there are many possible variations to the types of questions on the handout; guided conversations work best when staff phrase questions in ways that are comfortable to them. Suggest the pairs spend about 5 minutes preparing and 10 minutes on the conversation.

(c) After approximately 15 minutes, call time. Ask the pairs to repeat the process, only this time Partner B describes a situation and Partner A guides the conversation. As before, allow a few minutes for the pairs to discuss the stressful situation and about 10 minutes for the conversation.

**Trainer Preparation Note:** As an option to practicing the questions in pairs, staff can be divided into small groups. Ask for a volunteer in each group to present a stressful situation, and have other group members take turns guiding the conversation with strengths-perspective questions.

4. *Debrief the exercise.* Reconvene the large group to discuss what staff learned from the exercise.
- What struck you most about the conversation you had with your partner?
  - What feelings did you experience during the conversation?
  - What kinds of strengths did you uncover during the conversation?
  - How was this conversation different from the conversations you usually have with Head Start families?
  - What opportunities do you have to engage Head Start families in guided conversations?
5. *Summarize and close the activity.* Recap, debriefing highlights. In closing, reinforce these points:
- Guided conversations foster motivation in family members. For Head Start families vulnerable to crises, the questions help them to

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discover that they have the power to create more satisfying and less stressful lives.

- ❑ Guided conversations encourage a sense of belonging. Head Start families often feel "cut off" from the world around them; by affirming family successes, families begin to see themselves as capable community members.
- ❑ Guided conversations promote adaptability to family crises. The questions point out how "wellness" can be achieved in a family through its own (internal and external) resources.
- ❑ Guided conversations bring energy to the staff-family partnership. The questions point to solutions which, in turn, encourage energy in both staff and families.
- ❑ Guided conversations encourage staff-family and collaboration. The questions help families to realize that staff are there to help them find their own solutions.

## *Activity 1-4: Working with Families to Prevent Crises*



**Purpose:** To enhance staff skills in preventing crises in families.

### *Preparation*

For this activity, you will need:

- ❑ Handout 5: *Solution-Focused Planning*
- ❑ Handout 6: *Assessing the Solution-Focused Plan*
- ❑ Newsprint/Markers/Tape

1. *Give an overview of the activity.* Begin with a brief presentation on engaging families in crisis prevention and developing solution-focused plans, based upon this module's background information. Point out that guided conversations lead families to create solution-focused plans. Explain that in this activity, staff will discuss the characteristics of solution-focused plans targeted on crisis prevention.
2. (a) *Discuss solution-focused plans.* To begin, ask participants to close their eyes and listen. Say:

"Imagine for a minute or two that you are a Head Start parent nearly overwhelmed with the circumstances of life. . . . A Head Start staff member arrives on the scene...He starts talking about developing a solution-focused plan. . . ."

- (b) Tape up a sheet of newsprint with this statement written on it: "As a Head Start parent, I would want the plan to be . . . ."
  - (c) Tell participants to open their eyes and read the posted statement. Ask:
    - If you were the Head Start parent just imagined, what would make the plan meaningful to you?
  - (d) After a minute or two, ask participants to call out ways the sentence might be completed; record their phrases on the newsprint. If participants seem hesitant, provide an example or two, such as:
    - As a Head Start parent, I would want the plan to be mine, to belong to me.
    - As a Head Start parent, I would want the plan to be stated in my words, not in words only the worker understands.
    - As a Head Start parent, I would want the plan to be one I could really achieve.
  - (e) Review with participants a description of solution-focused plans, as described in the module's key concepts and background information.
3. *Initiate a small group planning exercise.* Explain that staff will practice writing solution-focused plans targeted on crisis prevention. Divide participants into three small groups. Distribute and review handout 5. Assign a family scenario to each small group and ask the group members to select roles as either family members or Head Start staff and begin work. Remind groups to record all information on newsprint.
4. (a) *Debrief the planning process.* After 20 minutes, reconvene the large group. Ask for a volunteer to present the solution-focused plan developed by his/her small group for the assigned scenario.
- (b) Ask the "family members" from the group to critique the planning process by asking these questions:
- What feelings did you experience during the exercise?
  - Do you feel the issues you raised were listened to? Acted on?
  - In what ways was the planning process helpful to you?
- (c) Next, ask the Head Start "staff member" to discuss how he/she would help the "family" achieve its plan. Make sure the staff person considers the resources of the Head Start community and the broader

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community. Ask the large group to comment on, or suggest changes to, the plan.

(d) Repeat the process presented above with each small group.

5. *Assess the solution-focused plan.* Reconvene the small groups. Refer participants to handout 6. Ask participants to assess or "rate" their completed plan. Remind participants that "yes" responses indicate a successful plan. Suggest staff add additional characteristics they had identified earlier in step 2 (as listed on the newsprint) to the handout.
6. *Closing.* Ask participants to share their reactions to the exercise. In closing the activity, emphasize these points:
  - Solution-focused plans take time to develop; the process requires staff and families to work together to develop plans that are meaningful, achievable, and targeted on crisis prevention.
  - Solution-focused plans encourage families to realize their power to create more satisfying and less stressful lives.
  - The family brings the content to the action planning process—the family story, values, beliefs, views, struggles, hopes—and each family expresses this content in its own way. The worker brings an understanding of how the family can get to where it wants to be.

## Activity 1-5: Developing Solution-Focused Plans



**Purpose:** To provide the opportunity for staff to practice asking strengths perspective questions and to develop solution-focused plans.

### Preparation

For this activity, you will need:

- Handout 4: *Guided Conversations with Families*
- Handout 6: *Assessing the Solution-Focused Plan*
- Newsprint/Markers/Tape

**Coach Preparation Note:** This coaching activity involves three sessions with staff and two family visits.

- In the first session, you will ask staff to meet with a family at risk of crisis, choosing from among those with which they are currently working, and explore solutions to family stressors.
- In session two, you will debrief staff's meeting with the family and discuss the family's plans.
- In session three, you and staff will discuss the outcome of the second family meeting and ways staff can support the family.

### Session 1

1. *Give an overview of the activity.* Explain to staff that this coaching activity involves three sessions.
2. (a) *Discuss ways staff might guide conversations with the family.* Emphasize the importance of bringing a strengths perspective to the family at risk of a crisis. Point out that conversations, guided by staff, can help a family gain the strengths perspective needed to make life less stressful and more satisfying.  
  
(b) Refer participants to handout 4 and review the various types of questions useful for guiding conversations with families. Direct participants' attention, in particular, to the handout's descriptions of "wish" and "exception-finding" questions. Encourage participants to give examples of similar questions they might raise with the selected Head Start family, which take into consideration the family's circumstances and staff's own style of interacting with the family.  
  
(c) Give participants the opportunity to practice a guided conversation with you, putting yourself into the role of a family member.
3. (a) *Plan a family visit.* Ask participants to select a family at risk of crisis from among those they are currently working with.

**Coach Preparation Note:** For staff who participated in Activity 1-2, suggest that they work with the same family. For staff who did not participate in Activity 1-2, review examples of stress-producing situations and have staff choose a family they already know that the may be at risk of having a crisis. When discussing staff plans to meet with the family, consider the option of joining staff to observe the staff-family interaction.

(b) Ask participants to meet with the selected family to explore stressful situations or events and possible solutions. Explain that during the visit, you want staff to engage the family in conversation with "wish" and/or "exception-finding" questions. Discuss any questions or reservations staff may have about the visit. Reassure participants that you see the family visit as a time for them to work on the questioning processes, not as a time to perfect them.

## Session 2

1. *Debrief the family visit.* Have staff share highlights from the family visit. Raise these questions for discussion:

- ☐ How did you initiate the conversation with the family?
- ☐ How did you guide the conversation to encourage the family to uncover strengths and explore solutions to stress-producing situations?
- ☐ How did the family respond to "wish" questions? To "exception-finding" questions? What did you learn about the family as a result?
- ☐ What might be some next steps with this family?

2. (a) *Discuss the development of solution-focused plans.* Explain that one of the next steps with the family is to develop a solution-focused plan. Review with participants a description of solution-focused plans, as described in the module's key concepts and background information.

(b) Refer participants to handout 6. Ask participants to think for a minute or two about plans they have developed with other Head Start families. Then, ask participants to look over the handout and "rate" themselves; that is, do the plans they develop with families usually meet the suggested criteria? Give participants a few minutes to look over the handout, rate themselves, and ask questions.

3. *Plan the next family visit.* Ask participants to set up a time for another visit with the selected Head Start family. Explain that during that visit, staff are to help the family develop a solution-focused plan. Instruct participants to record the stress-producing situations and the solution-focused plan they develop with the family, making one copy for the

family and another for staff to keep. Remind participants that the plan must be stated in the family's words.

## Session 3

1. *Debrief the family visit.* Have participants summarize the visit with the family. Review, in detail, the way staff engaged the family in developing a solution-focused plan. With staff, evaluate the plan with regard to the criteria specified on handout 6. If a plan does not meet the criteria, encourage staff to refine the plan with the family when the staff and family meet again.
2. *Develop staff plans for continuing to support the selected Head Start family.* Guide the discussion with questions, such as these:
  - What are your next steps with this family?
  - What makes you hopeful about this family's ability to prevent a crisis?
  - What can you say or do to affirm and reinforce the strengths and resources in this family?
  - How do you plan to involve the resources of the Head Start community in your work with this family? The resources of the broader community? What steps will you take to help this family carry out its plan?
3. *Closing.* Review the highlights of the coaching sessions with staff. Point out that the sessions have not only uncovered strengths in the family, but also strengths in staff. Encourage staff to keep you informed about the family as your work with them progresses.



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*Next Steps:  
Ideas to  
Extend Practice*



Follow-up training strategies to reinforce the concepts and skills taught in Module 1 are presented below. After completing Module 1, review the strategies with staff and help them choose at least one to work on individually or as part of a small group.

## ■ Reducing Stress in Head Start Families

Have staff go over the stress-reduction suggestions on handout 3. Point out that several suggestions could be developed into Head Start activities aimed at building family resiliency to crisis. For example, Head Start might encourage families to get more physical exercise by sponsoring a family volleyball tournament or aerobic dance classes. Other possibilities include establishing a mutual support group for single parents, step-parents, new parents, etc.; developing and distributing a brochure to families on self-help groups in the community; or planning and carrying out fun social events for families, such as a Head Start bus trip to a baseball game. Explore staff ideas for Head Start activities and help them to choose at least one to develop and offer to families.

## ■ Involving Parents in Crisis Prevention Efforts

Suggest staff form a task force to identify and address a major source of stress for Head Start families. As envisioned, the task force would be composed of Head Start parents and staff interested in crisis prevention. Some steps the task force might take include conducting a survey among Head Start families to get their views on what makes life stressful for them; identifying a source of stress common to many Head Start families; brainstorming solutions; and choosing one or more solutions to develop and implement as a crisis-prevention strategy.

For example, if the task force learns that many families are experiencing stress from recent changes in community resources, the task force might arrange for the families to get together to express their concerns, learn the "facts" about the changes by having community officials meet with them, and discuss the ways they can help each other deal effectively with the changes.

## ■ Enhancing Skills in Crisis Prevention

Have staff identify the skills, relevant to preventing family crisis, that they would like to develop further through reading, additional training, a peer study group, and/or ongoing coaching. The skill development might focus on additional ways to reduce stress, engaging families in guided conversations, or helping families develop solution-focused plans. Work with staff to develop a plan for improving the skill(s) they identify, including opportunities to meet again with you as the plan is implemented.

## Handout 1: Family Scenarios: Identifying Families at Risk

### Instructions

*Appoint a group facilitator. Read the family scenario assigned by the trainer. Then, with your small group, discuss and complete handout 2. You have 30 minutes to finish the task. When the large group reconvenes, your group will be asked to report back.*

**Group 1:** Today, Ms. Morrison, who has always been proud of her ability to provide for her five children, lost her job. She is eligible for unemployment benefits but has no health insurance. Her youngest child (age 4) is asthmatic and needs a prescription refilled. With the loss in income, Ms. Morrison doesn't know how she can buy the expensive medicine. Today, on her way home from Head Start, she tripped and fell as she got off the bus. As she prepares dinner for her children, she notices that her leg is not only bruised, but is starting to swell and hurt as well. She decides to call her Head Start family service worker for help.

**Group 2:** Mrs. Caldwell has custody of her three grandchildren. Recently, her daughter has been coming to the house asking for money. Whenever Mrs. Caldwell refuses to give her daughter money, she becomes angry and threatens to take the children. When the Caldwell family returned from church last Sunday, the television and Mrs. Caldwell's jewelry were gone. Mrs. Caldwell is convinced that her daughter is responsible. The ten-year-old grandchild, Dennis, begged Mrs. Caldwell not to call the police. Today, the youngest grandchild relays the weekend's events to his Head Start teacher.

**Group 3:** A fire made the house of Rita and Mike unlivable. Because the landlord didn't have the money to fix the home, the family moved into a Salvation Army shelter. Mike had to wait three days before the fire department would allow him to remove the family's possessions. When he finally entered the house, he discovered everything was ruined. Rita's mother sent clothes for four-year-old Teddy and is encouraging Rita to "come back where she belongs." Rita isn't sure what to do and asks Teddy's Head Start teacher for advice.

**Group 4:** Mr. Jones receives disability insurance and is unable to work. He and his wife of seven years have four children; two are in Head Start all day, and the other two stay at home. Mrs. Jones works, but the family can barely make ends meet. The lack of money is a constant topic of heated discussion. Mrs. Jones, who is tired of all the hassles, has threatened divorce. Today, during a home visit, she announces she is moving out.

**Group 5:** Yesterday, Ms. Blue gave birth to twins. Until she is released from the hospital, her 16-year-old daughter, Jessica, is caring for the two younger children, ages 3 and 4. Today, Ms. Blue was told that, because of medical complications, she will not be released for another three days. However, when Ms. Blue calls home to inform Jessica of the situation, she learns that Jessica went "out" leaving the children alone. Ms. Blue decides that she can't stay in the hospital and informs the doctor that she must be released. Ms. Blue calls the Head Start Center to ask someone to sit with her children until she gets home.

## Handout 2: An In-Depth Look at a Family at Risk

### Instructions

*This handout offers a framework for identifying: 1) families who may need Head Start's help to prevent a crisis, and 2) potential supports for preventing the crisis. Use this handout as a guide to assess the risk of a crisis and as a crisis-prevention resource.*

<b>FAMILY NAME:</b>	
<b>STRESS-PRODUCING SITUATIONS/EVENTS</b>  <i>What stressful situation(s) is the family facing?</i>	
<b>STRENGTHS</b>  <i>What are the family's strengths? Resources?</i>	
<b>COPING RESPONSES</b>  <i>How is the family responding to the situation?</i>	
<b>CONSEQUENCES</b>  <i>What could happen to this family, without the support of Head Start?</i>	
<b>STRATEGIES</b>  <i>What would you say or do to support this family and prevent a crisis?</i>	

## Handout 3: Stress Reduction Strategies<sup>1</sup>

### Overview

*Everyone needs stress. Does that surprise you? Perhaps so, but it is true. Without stress, life would be dull and unexciting. Stress adds flavor, challenge, and opportunity to life. Too much stress, however, can seriously affect a person's physical and mental well-being. A major challenge, in this stress-filled world of today, is to make stress work for families instead of against them.*

*When stress becomes prolonged or particularly frustrating, it can become harmful—causing distress. Helping families recognize the early signs of distress and then doing something about the causes of distress can make an important difference in the quality of the families' lives.*

*To help families use stress in a positive way and to prevent stress from becoming distress, families need to become aware of their own reactions to stressful events. The body responds to stress by going through three stages: 1) alarm; 2) resistance; and, 3) exhaustion. Once the body signals stress, it is possible to prevent distress or minimize its impact when it can't be avoided.*

*Below are some suggestions you can offer to families to help ease the tensions caused by stress.*

- ☐ **Get physical activity.** When someone is nervous, angry, frustrated, or upset, the stress can be released through exercise or physical activity. Running, walking, playing sports, or working in a garden are just some of the activities family members might try to relieve stress.
- ☐ **Share the stress.** Let families know it helps to talk about their concerns and worries. Suggest that talking to a friend, a relative, a teacher, or a professional counselor may help them to see their worries in a different light. Explain that knowing when to ask for help may help them to avoid more serious difficulties later.
- ☐ **Know your limits.** If a stressful situation or event is beyond the family's control and cannot be changed at the moment, encourage the family not to fight it. The family may have to accept the situation—for now—until such time when a change can occur.
- ☐ **Take care of yourself.** Everyone in the family needs to get enough rest and eat well. If family members are irritable and tense from lack of sleep or from not eating correctly, they will have less ability to deal with stress. If stress repeatedly keeps a family member from sleeping, suggest he/she ask a doctor for help.

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<sup>1</sup>Adapted from Louis E. Kopolow, *Plain Talk about Handling Stress* (Washington, D.C.: U.S. Dept. of Health and Human Services, National Institute of Mental Health, Reprinted 1987).

## Handout 3: Stress Reduction Strategies (continued)

- ☐ **Make time for fun.** Encourage families to schedule time not only for work, but also for recreation and play. Families need a break from the daily routine to just relax, have fun, and promote their well-being.
- ☐ **Be a participant.** Let families know that sitting alone and dwelling on worries only adds to feelings of frustration. Instead, encourage family members to get involved and become a community participant. Suggest involvement in Head Start, or in neighborhood or volunteer organizations. Emphasize that they can help themselves by helping others; getting involved in the community will attract people to them and they'll be on their way to making new friends and enjoying new activities.
- ☐ **Check off your tasks.** Point out to families that trying to take care of everything at once can seem overwhelming, and, as a result, they may not accomplish anything. Instead, encourage families to make a list of what tasks they have to do, then do one at a time, and check them off as they're completed. Suggest that families give priority to the most important tasks and do those first.
- ☐ **Practice positive self-talk.** Suggest family members take time out during the day to talk to themselves about what's right in their lives—to give themselves a pep talk—and remember happy family times.
- ☐ **Practice give and take.** Have family members look at how they interact. Is a lot of energy being directed on proving who is "right"? On proving there is a "best" way to get things done? Encourage family members to try cooperation instead of confrontation—to build a support network within the family. A little give and take on all sides reduces family tension and makes everyone feel more comfortable.
- ☐ **Allow yourself to cry.** Let family members know a good cry can be a healthy way to bring relief to anxiety. It might even prevent a headache or other physical reaction.
- ☐ **Create a quiet scene.** Encourage family members to take the turmoil out of a stressful situation by painting a quiet scene, mentally or on paper, reading a book or magazine, playing soothing music, or taking a long and relaxing bath.
- ☐ **Avoid abusive behaviors.** Let families know that while alcohol, cigarettes, other drugs, and violent outbursts may relieve stress temporarily, they do not remove the stressful conditions.

## Handout 4: Guided Conversations with Families

### Overview

*Discovering and using strengths are the keys to crisis prevention. The types of questions described below are useful for bringing a strengths perspective to families; the questions encourage families to find solutions to stressful situations or events. It is important to adapt the examples below to fit your personality and your style of relating, as well as to fit the family with which you are working.*

### WISH QUESTIONS

*It is not unusual for families in stressful situations to want to talk about what is "wrong" with their lives. After listening to the families' concerns, it is important to direct them toward a path of constructive change. Wish questions help families to define the direction they want their lives to take. They are most appropriate to use with families experiencing stress in interpersonal relationships.*

You might say something like this:

"Let's pretend for a few minutes that a wish comes true in your family. The wish is that the concerns you've shared with me today somehow disappear. How will you know the wish has come true? What will be different?"

*Follow-up questions are then asked to reinforce what the family wants for itself (the presence of something).*

For example, you might ask a parent:

- "How will you feel after your wish comes true?"
- "How will your family react?"
- "What will they do differently?"
- "How will you react to the changes?"
- "What will you do?"

*Wish questions lead the family to where it wants to be.*

## Handout 4: Guided Conversations with Families (continued)

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### EXCEPTION-FINDING QUESTIONS

*Exception-finding questions are helpful for discovering family successes in managing a situation well. The process involves talking about times when an issue of current concern to the family did not exist. For example, if a family has many unpaid bills, which is a primary source of stress, exception-finding questions would look for times when the family was able to pay its bills.*

For example, you might say to a parent:

"I'm wondering, has there been a month when you've been able to pay the rent on time?... What was different about the way you spent money that month?... What did you do to make sure you had enough money for the rent?... It sounds like all of those ways were helpful; they seem like good ways to try again. . . ."

*Exception-finding questions uncover the ways family members helped to make the exception happen; they heighten awareness of the contributions, or the strengths, of family members that resulted in the exception.*

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### SCALING QUESTIONS

*Scaling questions can help families monitor their progress toward stress reduction. As progress occurs, family strengths emerge which, in turn, are affirmed and reinforced by the worker. Scaling questions involve asking family members to give a number from 0 through 10 that best reflects where they are on a particular issue, with 10 being the most positive response.*

For example, you might say to a parent:

"The first time we talked you said you were so worried about your son's tantrums at home and at Head Start that you couldn't sleep at night. Let's say that 0 was where you were at that time and 10 means your worries are gone. Can you give me a number that says where you are with your worries right now?... So, you say you are at a 5 now. How were you able to ease your worries?... I see. You talked with your son's teacher. It's great that you were able to share your worries with her."

*Scaling questions help both the family and staff break down complex issues into concrete and measurable terms.*



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## Handout 4: Guided Conversations with Families (continued)

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### COPING QUESTIONS

*When there are feelings of hopelessness in a family, steps toward stress reduction can be blocked. Coping questions are particularly useful for helping families overcome feelings of hopelessness and move forward.*

*The process for raising coping questions involves two major steps. First, after listening to and empathizing with the family's views about the discouraging aspects of life, the worker gently turns the family's attention to the fact that, despite everything, the family has survived. Next, the worker asks questions that uncover the family's coping strengths or prompt new ideas for coping never thought of by the family before.*

For example, you might say to a parent:

"I can see that you are currently experiencing many challenges. Things don't seem to be going your way. I'm wondering how you've been able to keep going. With so many things going wrong for you, what gives you the strength to face another day?...I'm really impressed with your ability to 'stick it out.' How do you do it?...So, that's how you manage to keep going. Tell me more . . . ."

*Coping questions usually produce an upswing in the family's confidence and motivation. The new-found confidence and motivation become yet other examples of family strengths for the worker to recognize and affirm.*

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### "WHAT'S BETTER" QUESTIONS

*"What's better" questions are useful for continuing the work of discovering family strengths and finding solutions to family stress. Each visit with the family begins with the question: "What's happening in your life that is better?" The question helps to pinpoint exceptions (and associated strengths) to family issues discussed during the previous visit. It also helps the worker understand where the family is presently. What was important or meaningful to the family during the last visit may be different now.*

For example, you might say to a parent:

"So, I want to hear, what's happening that's better for you?... You're not sure. . . . You're saying it's hard to think of anything?... Give yourself some more time to think. . . . Oh, I see, you and your mom didn't argue last week. . . . That's good news. . . . Tell me more about that. . . ."

*"What's better" questions provide staff opportunities to point out and reinforce how the thoughts, actions, and feelings of family members contributed to the improvement.*

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## Handout 5: Solution-Focused Planning

### Instructions

*Begin by deciding on your role in the scene as either the Head Start staff member or a member of the family. Next, read the scenario assigned to your group. Talk about the stressful issues that place the family at risk of crisis and write the issues/findings down on newsprint. Have "family members" decide on the issue they believe is causing the most stress. Working together, write a solution-focused plan by answering the questions below. Your group has 20 minutes to complete its work. Your group will be asked to present its plan when the large group reconvenes.*

- ☐ *What stress-producing situation(s) is the family facing?*
- ☐ *What issue is causing the most stress for the family?*
- ☐ *What are the family's options for resolving the situation?*
- ☐ *Which option(s) does the family want to try first?*
- ☐ *What strengths and/or resources are available within the family, the Head Start community, and the broader community to improve the situation?*

### SCENARIO #1: THE ARMAND FAMILY

The Armands (Jake, age 25; Julia, age 23; and J.D., age 4) are new to Head Start. In today's visit with Elvira White, family service worker, the Armands express many concerns about J.D. "J.D. has a way of turning our house upside down," say both parents in exasperation. "When J.D. doesn't get his way, he stomps his feet, walks away, and does something destructive. Last week, he got angry, broke the arms off all of his new superstar action figures, and then banged his own head against the wall repeatedly."

This week a neighbor found J.D. playing "doctor" with her son, which ended with the decision not to allow J.D. to play at the neighbor's house again. In the past, when Jake and Julia were late getting home from work, they could always count on the neighbor to watch J.D. Now, they have no one to help them out.

All in all, Jake and Julia are feeling very frustrated and inadequate as parents. And, to make matters worse, they find themselves arguing almost every day about the best way to handle J.D. Can Ms. White help them?

## Handout 5: Solution-Focused Planning (continued)

### SCENARIO #2: THE PINTA FAMILY

Tia (age 5), daughter of Ms. Pinta (age 19), gets into fights with other children over toys. This week Tia bit another child; last week she threw a toy that hit the teacher's face. When spoken to, Tia seems to understand everything said, but her sentences are incomplete, words are not used correctly, and she mispronounces many words. Tia's Head Start teacher has expressed her concerns to Ms. Krueger, the Head Start family service worker. In today's visit with the Pinta family, Ms. Krueger asks Ms. Pinta to talk about Tia.

Ms. Pinta says that the most striking thing about Tia is her constant motion. Even when watching her favorite TV show, Tia is unable to sit still. She either rocks back and forth on the couch or wiggles her feet constantly. Tia can be "quite a handful," especially when she doesn't "get her way." Ms. Pinta admits that she's quick to get angry at Tia and often spansks her.

Ms. Pinta goes on to say that Tia is only one of her worries. Things are just not working out for her as she had hoped. Tia's father is not paying child support, her rent is overdue, and she missed the deadline for signing up for a new job training program. Now, she just sits and cries a lot.

### SCENARIO #3: THE TERRY FAMILY

The Terry family, with 8 children, has been part of Head Start for nearly 10 years. Two-year-old twins, Rex and Ryan, are in Ms. Hawthorne's Early Head Start class; their five-year-old twin sisters graduated just last year. During today's home visit, Mrs. Terry tells Ms. Hawthorne that, with the last of her babies in school, she's at a loss about how to spend her days. Most days she just watches the soaps on TV and waits for the children to come home.

Over the years, Head Start has shown its support to the Terry family in many ways: getting food and clothing for the family from the Salvation Army; transporting the children and Mrs. Terry to the health clinic for immunizations; involving Mrs. Terry in a parent support group; helping Mr. Terry get his GED and find work; and securing special resources to ease the older children's transition to public school.

It appears that the Terrys have no routine or schedule for meals, housework, bedtime, homework for the older children, etc. Mrs. Terry seems quite content with the way things are, except for feeling lonely when she's home alone.

## Handout 6: Assessing the Solution-Focused Plan

### Instructions

Assess your completed solution-focused plan based on the following questions. Check off questions you can answer with a "yes." Each question with a "yes" response indicates success in creating a solution-focused plan aimed at crisis prevention. Next discuss way that the plan could be revised to address the "unchecked" questions.

- \_\_\_\_\_ Does this plan address an issue the family sees as a major source of stress?
- \_\_\_\_\_ Does this plan build on family strengths and resources?
- \_\_\_\_\_ Is this a plan the family has chosen for itself?
- \_\_\_\_\_ Is the plan expressed in the family's own words?
- \_\_\_\_\_ Is the plan realistic?
- \_\_\_\_\_ Is the plan specific? Will both you and the family know when progress is occurring? *(For example, "to work at Head Start twice a week as a volunteer" is much more measurable than "to get more involved in Head Start.")*
- \_\_\_\_\_ Does the plan seek the presence of something in the family's life, rather than the absence or elimination of something? *(For example, "to give my children at least one hug each day" suggests a positive step toward a more nurturing family environment, while "to stop fighting with my kids so much" puts the focus on eliminating negative parenting behaviors.)*
- \_\_\_\_\_ Does the plan suggest a beginning to more satisfying family life, rather than an ending? *(Getting to a desired "end" requires taking one step at a time. For example, "to play ball with my sons at least one a week" is a beginning toward an end of "being closer with my children.")*
- \_\_\_\_\_ Does the family see the plan as making sense?

## Assessing Family Crisis

### Outcomes

As a result of completing this module, participants will be able to:

- View family crises as opportunities to help families improve their coping and problem-solving skills;
- Assess the elements contributing to a family crisis; and
- Examine the behaviors of a family in crisis.

### Key Concepts

The key concepts of Module 2 that support the skills for assessing family crises include:

- **A crisis may present an opportunity for positive change.** A crisis is a time for helping families discover and strengthen problem-solving skills. During a period of intense crisis, when usual methods of coping fail, families are often open to learning new problem-solving approaches. Once a crisis is resolved constructively, many families find themselves strengthened by the experience and better prepared for life's next challenge. On the other hand, some families, without the support and resources to resolve crises constructively, risk a downward spiral in their functioning and may never fully recover.
- **A crisis is identified by a family's reactions to a stress-producing situation or event.** A crisis is an upset in a steady state causing a disruption or breakdown in an individual's or family's usual pattern of functioning. Families in crisis find that their usual ways of coping or problem solving do not work; as a result they feel vulnerable, anxious, and overwhelmed.
- **A crisis has four interacting elements.** Generally a family is thrust into a crisis when two or more elements, contributing to a state of crisis, interact. These elements include: 1) experiencing a stress-producing situation; 2) having difficulty coping; 3) showing chronic difficulty meeting basic family responsibilities; and 4) having no apparent sources of support. Differences among the interacting elements make each crisis unique.
- **A crisis is usually characterized by five phases.** A state of crisis in a family is short-lived, usually lasting no longer than six weeks, and has five phases. The five phases may occur in order or overlap and intertwine: 1) the crisis is triggered, then the family 2) sees the crisis as threatening, 3) responds in a disorganized manner, 4) searches for a solution, and 5) adopts new coping strategies.
- **People in crisis typically experience a variety of psychological effects.** Difficulty thinking clearly, dwelling on meaningless activities, expressions

# Module 2

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of hostility or numbness, impulsiveness, dependency, and feelings of incompetency are some effects of crises staff must anticipate and understand.

## ***Background Information***

Much of the work of Head Start staff involves crisis prevention. However, staff cannot always predict nor prevent crises in families.

A crisis is an upset in a steady state causing a disruption or breakdown in a family's usual pattern of functioning. Families in crisis find that their usual ways of coping or problem solving do not work; as a result they can feel threatened. This module, *Assessing Family Crisis*, prepares staff for recognizing and assessing families that are thrust into a state of crisis.

## **Elements Contributing to a Crisis**

A family moves into a state of crisis when two or more of the four elements that contribute to a crisis interact. These elements are: 1) experiencing a stress-producing situation, 2) having difficulty coping, 3) showing a chronic inability to meet basic family responsibilities, and 4) having no apparent sources of support. In order to identify and assess a crisis situation, it is important for staff to consider four questions that address these elements: What specific situation is producing the most stress for the family? What difficulties in coping are evident in the family? Is the family having difficulty meeting its responsibilities? What supports are available to the family?

- **Experiencing a Stress-producing Situation.** Certain life situations or events may lead to mounting family tension and stress, which contribute to a state of crisis. For example, an unplanned pregnancy, a divorce, the loss of a loved one, unemployment, child protective services investigations, incarceration, addictions, or domestic violence are often crisis-producing.
- **Having Difficulty Coping.** Difficulty coping with stress may surface in many ways: breakdowns in family routines, family arguments, trouble with simple decision-making; disruptions in sleeping and eating patterns, overwhelming feelings of being alone, the depletion of personal energy, and signs of distress. Without supportive intervention to address the stress-producing situation and its effects on the family, coping difficulties are likely to escalate and thrust the family into a state of crisis.
- **Showing a Chronic Difficulty Meeting Basic Family Responsibilities.** Families that are unable to meet basic family responsibilities find themselves unprepared to deal with life's challenges. These families may be, for example, unable to provide their members with enough food, shelter, clothing, health care, nurturance, protection, education, and/or socialization.
- **Having No Apparent Sources of Support.** Families that go without support risk being thrust into a crisis. For example, socially or

geographically isolated families lacking or not utilizing informal supports (e.g., friends, neighbors, relatives) and formal resources (e.g., food banks, Head Start, counseling programs) may be thrust into a crisis.

### Phases of a Crisis

A crisis is usually characterized by five phases, which may occur in order, overlap, and/or intertwine. Awareness of the phases, as well as awareness of a family's responses to each phase, allows staff to examine a crisis. As described below, the phases of crisis that a family generally experiences include:

- **Phase 1: The Family Crisis is Triggered.** A family is thrust into a crisis when two or more elements, contributing to a state of crisis, interact. When the crisis is triggered, it causes a change in the family's circumstances and an increase in stress and anxiety.
- **Phase 2: Seeing the Crisis as Threatening.** Family members see the crisis as a threat to the family's goals, security, or emotional ties. While all crises are stressful, some crises are universally threatening—the death of close family or friends, serious illness and personal injury, or environmental disasters.
- **Phase 3: Staging a Disorganized Response.** The crisis may spur a rush of memories about traumatic or highly stressful times in the family's past. The family becomes increasingly disorganized as the strategies and resources used before to solve family problems fail. Family members experience increasing feelings of vulnerability, helplessness, anxiety, and confusion. As a result, feelings of losing control and being unable to meet family responsibilities may become intensified and disabling to family members.
- **Phase 4: Searching for a Solution.** In an attempt to deal with mounting tension, the family begins to involve friends, relatives, neighbors, and others in the crisis. Typically, each family member looks for someone to validate his/her own views about the crisis and its resolution. Conflicting opinions and advice can add to the family's confusion and instability. When the family is unable to find appropriate solutions to the crisis, a chain of events is set off, creating yet another crisis for the family. Rapid intervention is necessary to stop the chain of events from causing a complete breakdown in family functioning.
- **Phase 5: Adopting New Coping Strategies.** When support for dealing with the crisis is available from a non-judgmental and skillful helper, this phase represents a turning point for the better for the family in crisis. It marks the beginning of the family's recovery. Family members are likely to welcome the sense of direction, security, and protection the helper brings to their situation.

The tension and struggles created by the crisis provide the motivation for the family to learn and apply new coping strategies, and use new resources. With supportive intervention, the family discovers it can master and overcome the crisis or, at least acknowledge, accept, and adapt to the loss surrounding the crisis.

## **The Timing of Head Start Intervention**

The opportunity a crisis provides for enhancing the coping and problem-solving skills of families depends largely on the timing of the intervention. During the initial phases of a crisis, a family may be receptive to intervention. The anxiety produced by the crisis, coupled with the realization that no ready response works, motivates the family to try new coping strategies and resources. Families who receive support and assistance to help them deal with a crisis quickly are likely to stabilize within a few weeks.

While crisis intervention can not cure all the family's stressors, it does provide the opportunity for staff to teach the family how to focus on and resolve the current crisis. After gaining the skills and resources to resolve the crisis, the family realizes it has some control over its life and the capacity to fix other stressful problems.

In contrast, families who go without support and assistance during a crisis may get caught up in a chain of events or memories of past traumas that only lead to more stress. As a result, these families may experience increasingly severe breakdowns in family functioning. Violence, neglect, or other destructive behaviors may have the potential to put families in contact with the community's court and child protective services systems.

## **The Psychological Effects of Crisis**

People in crisis typically experience a variety of psychological effects. It is important for the psychological effects to be anticipated and interpreted correctly. These effects are temporary and not indicators of mental illness.

- **Difficulty Thinking Clearly.** Some people in crisis may quickly skip from one idea to another in conversation, making communication with them confusing and difficult to follow. They may have trouble relating ideas, events, and activities to each other in a logical way. They may overlook or forget important details in their explanation of events. Fears and wishes may be confused with reality. Some people in crisis cling to responses or behaviors they used in the past to solve problems; they seem unable to move on to new ideas, actions, or behaviors necessary to resolve the current situation.
- **Dwelling on Meaningless Activities.** In an attempt to combat anxiety, people in crisis may become overly involved in activities that are not productive. For example, they may spend all day watching TV, sleeping,



or just sitting. They are likely to benefit from support in focusing on activities to reduce the crisis.

- **Expressing Hostility or Numbness.** The feelings of loss of control and vulnerability, experienced by some people in crisis, may be expressed through hostile words and actions directed toward anyone who intervenes in the situation. Others may withdraw or experience depression; they seem not to care about the crisis or its outcome.
- **Impulsiveness.** Although some people become immobilized in crisis situations, there are others who react impulsively without any regard to the consequences of their behaviors. Impulsive behavior, such as verbally striking out at a child or a spouse, can trigger additional crises. In these instances, a complex situation becomes even more complex and difficult to resolve.
- **Dependence.** It is natural for some people in crisis to feel dependent upon a professional who offers help. The professional represents a source of power and authority—someone who knows what to do and how to get things done—someone who is the "answer" to all the family's difficulties. Such perceptions of the professional can have a stabilizing impact on a family at the height of a crisis. After a brief period of dependency, most families are able to "let go" and act independently. For some, however, dependency may linger and become extreme, making them quite vulnerable to negative influences. They may be unable to decide between what is beneficial for them and what could be harmful, or to decide to whom they should or should not listen.
- **Feeling Incompetent.** A crisis presents a threat to one's sense of personal competency and self-worth. To counter low self-esteem, people in crisis may assume a facade of adequacy or arrogance. They may claim no help is needed or withdraw from offers of help. It is important to remember that families in crisis are probably very frightened by their feelings of incompetency, rather than unmotivated or resistant.



# Module 2

## Activity 2-1 Crisis Survivors



**Purpose:** To make staff aware of the positive outcomes they can bring to families in crisis.

### Preparation

For this activity you will need:

- Six Blank 3" x 5" Index Cards for each Participant
- Newsprint/Markers/Tape

1. *Open the activity.* Ask participants to raise their hands while you raise yours if they have ever experienced a crisis. Acknowledge that everyone (or nearly everyone) has faced a crisis (a time of overwhelming and unmanageable anxiety) at some time in their lives. Explain that as emotionally painful or devastating as crises can be, they also present opportunities for discovering new strengths, skills, and resources. (See the first key concept in this module.)
2. *Reinforce the potential for crises to have positive outcomes.* Share an example of a personal crisis in your own life, the ways it affected you, and its positive outcomes. Ask participants to spend the next few minutes thinking about a personal crisis they survived and what they learned or gained from the experience. As participants are reflecting on their experiences, distribute six index cards to each. Ask participants to use the cards for recording phrases that capture the positive outcomes of their own crisis experience; for example, "I discovered strengths I never knew I had." "I realized there are people who care a lot about me." "I can manage anything now!" "I learned it's okay to ask for help."
3. *Review the positive crisis outcomes noted by participants.* After allowing approximately six minutes for participants to write down the positive outcomes of their crisis experiences, collect the cards. With no reference to the authors, read the phrases on the cards to the group and record them on the newsprint. Point out that upcoming training activities are designed to help staff bring similar positive outcomes to Head Start families in crisis.

**Trainer Preparation Note:** If participants prefer, they may keep their cards and read their comments to the group. Some participants may want to share inspiring stories of crises they or Head Start families survived, which is likely to add meaning to the activity.

4. *Discuss the experiences of participants in helping Head Start families in crisis.* Raise questions such as these to encourage discussion:
  - Using your experience working with Head Start families, can you give an example of a family crisis?

- Can you give an example of a time when a crisis helped a family to grow? Perhaps a time when a family was strengthened by Head Start's support or by community resources?
  - What kinds of coping abilities help families get through a crisis? (*Probe for the ability to plan ahead, the ability to take constructive action, the ability to use supports and resources, the ability to solve problems, and the ability to give and receive emotional support.*)
5. *Closing.* In concluding the activity, emphasize that a crisis is a time for staff to help families discover and strengthen their coping abilities. Families in crisis are usually very receptive to support and to learning and trying new coping skills. Just as a crisis is an opportunity for a family, it is also an opportunity for staff to make a real difference in the life of a Head Start family.

## Activity 2-2: What Is a Crisis?



**Purpose:** To increase the ability of staff to identify and assess family crisis situations.

### Preparation

For this activity, you will need:

- Handout 1: *Crisis!*
  - Handout 2: *People in Crisis: Signs of Distress*
  - Handout 3: *The Phases of a Crisis*
  - Handout 4: *Family Scenario: The Kelly Family*
  - Handout 5: *Possible Psychological Effects of Crises*
  - Newsprint/Markers/Tape
1. *Introduce the activity.* Explain that in this activity participants will examine the characteristics and effects of a crisis to help them identify and assess crisis situations. Emphasize that even a family that functions well, has networks of support, and has problem-solved well in the past, can experience a crisis.
2. (a) *Define "crisis."* Encourage the group to join you in developing a definition of "crisis" by asking:
- What does the word "crisis" mean to you?

As words or phrases are called out, record them on newsprint.

(b) State that a crisis is an upset in a steady state causing a disruption or breakdown in an individual's or family's usual pattern of functioning. Emphasize that a crisis occurs when two or more elements, which contribute to the state of crisis, interact.

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3. (a) *Present the four elements that trigger a crisis.* Distribute handout 1. Based upon the module's background information, provide a brief presentation on the four elements contributing to a crisis: 1) experiencing a stress-producing situation; 2) having difficulty coping; 3) showing chronic difficulty meeting basic family responsibilities; and, 4) having no apparent sources of support.  
  
(b) Use the following questions to spur discussion:
  - What are some examples of situations or events that can trigger crises in families?
  - What difficulties in coping have you seen in families experiencing crisis?
  - Is the family having difficulty meeting its responsibilities? How?
  - What kinds of supports are useful to families in crisis?
4. (a) *Review the signs of distress.* Make sure participants realize that families may experience and react to stressful events differently. Emphasize that the amount of anxiety experienced in a family depends upon the degree to which the family sees the situation as a threat; what one family sees as threatening may not be seen that way by another family, and what staff view as a family crisis may not be seen that same way by the family.  
  
(b) State that signs of distress, shown by persons in crisis, can take many forms. Refer participants to handout 2. Review the signs of distress that staff may hear about or see in family members.
5. *Review the phases of a crisis.* To further the identification and assessment of crisis situations, refer participants to handout 3. Spend a few minutes going over the handout and responding to questions participants raise. Emphasize that the earlier staff are able to identify and support a family in crisis, the better the chance for the family to develop effective coping strategies and recover.
6. *Initiate a small group exercise.* Explain that participants will form small groups to apply what they have learned about crises to a sample Head Start family. Divide participants into small groups of five to six members and ask each group to appoint a facilitator. Refer the groups to handout 4 and review the instructions. Explain that in approximately 30 minutes the large group will reconvene to hear reports on the outcome of the small groups' discussions.
7. *Debrief the small group exercise.* Debrief the exercise by having a reporter summarize the group's responses to the first question, part 1, on handout 4. Proceed with responses to the next question, selecting another

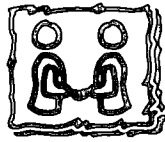
reporter to do the presentation. Continue the debriefing until all of part 1 and part 2 discussion questions on the handout are addressed. Throughout the process, encourage participants to add to or comment on each reporter's presentation.

8. (a) *Review the psychological effects of crisis.* Continue with a discussion on the psychological impact of a crisis. Explain that it is not unusual for people in crisis to experience a range of psychological effects; it is important for staff to recognize these effects and to help family members understand that what they are experiencing is temporary and typical of a crisis state.  
  
(b) Refer participants to handout 5. Ask participants to give examples from their personal or work experiences that illustrate the psychological effects described on the handout.
9. *Conclude the activity.* Summarize highlights from the debriefing. Make sure to include the following points:
  - A crisis is a period of heightened family tension and imbalance that requires quick staff identification. Knowing the elements contributing to a family's crisis, recognizing the signs of distress, identifying the phase of crisis the family is in, and understanding the psychological effects of a crisis are all part of the crisis identification and assessment processes.
  - People in crisis typically experience a variety of psychological effects. The anxiety experienced by the family may reveal itself by disrupting normal family functioning. Difficulty thinking clearly, dwelling on meaningless activities, expressing hostility or numbness, being impulsive, acting dependent, and feeling incompetent are some psychological effects of crisis. It is important for staff to anticipate and interpret these psychological effects correctly.
  - It's important for Head Start programs to have supports in place to help staff deal with their own reactions to and feelings about family crisis.

# Module 2

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## Activity 2-3: Identifying Head Start Families in Crisis



**Purpose:** To enhance staff skills in assessing crises in their work with families.

### Preparation

For this activity, you will need:

- Handout 1: *Crisis!*
- Handout 2: *People in Crisis: Signs of Distress*
- Handout 3: *The Phases of a Crisis*
- Handout 5: *Possible Psychological Effects of Crises*
- Handout 6: *Crisis Assessment*
- Newsprint/Markers/Tape

1. *Give an overview of elements contributing to a crisis.* Distribute handout 1. Using the key concepts and background information sections of this module, give a brief presentation on the definition and elements of a crisis. Explain that when two or more of the elements contributing to a crisis interact, a family can be thrust into a state of crisis. Four questions, corresponding to the elements of a crisis, can help staff identify a family in crisis:
  - What specific situations or events are producing the most stress for the family?
  - What difficulties in coping are evident in the family?
  - Is the family having difficulty meeting its responsibilities? How?
  - What supports are available to the family?
2. (a) *Review the signs of distress.* Make sure participants realize that each family may experience and react to a stressful event differently. Emphasize that the amount of anxiety experienced in a family depends upon the degree to which the family sees the situation as a threat; what one family sees as threatening may not be seen that way by another family, and what staff view as a family crisis may not be seen that same way by the family.  
  
(b) State that signs of distress, shown by people in crisis, can take many forms. Refer participants to handout 2. Review the signs of distress that staff may hear about or see in family members.
3. *Review the phases of a crisis.* Distribute handout 3 to participants and discuss each of the five phases of a crisis. Emphasize the importance of correctly interpreting a family's responses to the various crisis phases.

4. *Discuss examples of family crises.* Share an example of a crisis you or someone you know experienced. Ask participants to do the same. Discuss the impact and outcome of the crises.
5. (a) *Review the psychological effects of crises.* Continue with a discussion on the psychological impact of a crises. Explain that it is not unusual for people in crisis to experience a range of psychological effects; it is important for staff to recognize these effects and to help family members understand that what they are experiencing is temporary and typical of a crisis state.

(b) Refer participants to handout 5. Ask participants to give examples from their personal or work experiences that illustrate the psychological effects described on the handout.

**Coach Preparation Note:** Review the program's policy on confidentiality. Stress to participants that information regarding families should not be discussed casually with anyone who is not working directly with the family.

6. (a) *Apply crisis assessment to a Head Start family.* Ask participants to select a Head Start family under stress. Explain that you want participants to examine sources of stress in the family, as well as the family's coping abilities, to determine whether the family is in a state of crisis.

(b) Distribute handout 6. For homework, ask participants to use handout 6 as a guide in their assessment of the selected family. Make sure participants consider the elements contributing to a state of crisis. Set a date and time for the next meeting with participants.
7. (a) *Discuss crisis assessment.* When you meet again, review with participants their findings and reactions to the homework assignment.

(b) Emphasize that supportive intervention is important to the family. Make sure participants realize that a family in crisis is likely to be very receptive to learning new coping strategies, especially if the strategies hold promise of resolving the crisis; on the other hand, if a family in crisis fails to be identified and supported, family members may express their anxiety, tension, and struggles in harmful ways.

(c) Illustrate the negative potential of some responses to crises. Explain that depression, immobilization, family violence, substance abuse, and abandonment are some examples of negative responses to a crisis.

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8. (a) *Plan a supportive response.* With participants, decide upon initial courses of action for helping each family to deal effectively with stress or the crisis (if applicable). Begin discussion by asking participants:
  - Is the family "open" to a partnership with you?
  - What might happen to the family without your support? With your support?
  - What can you/Head Start do to support this family?
  - What resources in the community may be of help to this family?

(b) Encourage participants to visit the family and to offer a supportive partnership.
9. *Closing.* In concluding the activity, emphasize that a crisis is a time for staff to help families discover and strengthen their coping abilities. Just as a crisis is an opportunity for a family, it is also an opportunity for staff to make a real difference in the life of a Head Start family. Give participants the opportunity to meet with you again, after they visit the family.

*Next Steps:  
Ideas to  
Extend Practice*



Follow-up training strategies to reinforce the concepts and skills taught in Module 2 are presented below. After completing Module 2, review the strategies with staff and help them choose at least one to work on individually or as part of a small group.

■ **Improving Skills in Crisis Identification**

Ask staff to meet with co-workers, who did not participate in the training, to share information from the training on the characteristics, dynamics, and impact of family crises. During the information-sharing process, instruct staff to present examples of family crises and to emphasize the importance of early intervention with families in crisis. Further, have staff ask co-workers whether they are aware of any Head Start families who may be in a state of crisis and, if so, to discuss and assess the indicators and make home visiting plans.

■ **Enhancing Family Coping Strategies**

Help staff to develop a mutual support group for Head Start families that are experiencing similar sources of stress, such as difficulty finding employment or child care, child behavioral problems, teenage pregnancy, neighborhood crime, budgeting money, etc. In line with the focus of the group, have staff arrange for community representatives (e.g., employment counselors, child development specialists, business leaders, law enforcement officers) to meet with the families to address their concerns. If families indicate an interest in continuing the group, have staff work with families to develop an agenda for subsequent family meetings. The agenda should include time for families to share their feelings, experiences, and strategies for coping.

■ **Recognizing Crisis-Surviving Families**

Have staff visit with Head Start families who have survived very stressful situations or crises. These may be families who are raising grandchildren; have overcome/adapted to a serious illness, injury or disability; left an abusive relationship; or who have dealt effectively with alcoholism, drug addiction, mental illness, etc. With staff, explore the options for recognizing the strengths and coping abilities of these "crisis-surviving" families, such as a certificate for their family storybook, a bouquet of flowers, or a special dessert. Help staff select and implement one of the options.



## Handout 1: Crisis!

### Overview

*A family is thrust into a crisis when two or more elements, contributing to a state of crisis, interact. These elements include: 1) experiencing a stress-producing situation; 2) having difficulty coping; 3) showing chronic difficulty meeting basic responsibilities; and 4) having no apparent sources of support. Differences among the interacting elements make each crisis unique.*



**Experiencing a Stress-Producing Situation**

**Having Difficulty Coping**

**Showing Chronic Difficulty Meeting Basic Family Responsibilities**

**Having No Apparent Sources of Support**



**CRISIS**

## Handout 2: People in Crisis: Signs of Distress

### Overview

*Watch for these signs of distress in Head Start families. They may signal a state of crisis.*

### Physical Signs

Appetite Loss  
Back Pain  
Breathing Difficulties  
Clenched Jaw  
Cold Hands or Feet  
Diarrhea  
Dry Mouth  
Elevated Blood Pressure  
Excessive Perspiration  
Excessive Salivation  
Exhaustion

Fatigue  
Flushed Skin  
Frequent Urination  
Frequent Colds  
Frowning  
Grinding Teeth  
Headaches  
Heart Palpitations  
Hot Flashes  
Hyperventilation  
Indigestion

Nausea  
Overeating  
Rashes, Hives  
Shaking  
Sleep Problems  
Stiff Neck and Shoulders  
Stomach Gas  
Tight Chest  
Twitches  
Vomiting  
Weak Knees

### Behavioral Signs

Acting Angry  
Acting Irritable  
Acting Overwhelmed  
Acting Restless  
Acting Suspicious  
Acting Timid, Withdrawn

Being Aggressive  
Being Indecisive  
Cursing  
Having Minor Accidents  
Having Memory Block  
Not Being Productive

Performing Erratically  
Smoking Excessively  
Stuttering, Stammering  
Using Alcohol  
Using Drugs  
Yelling

### Psychological Signs

Being Frantic, Panicky  
Being Troubled, Upset  
Being Unable to Think Clearly  
Being Uneasy, Nervous, Tense  
Doubting Oneself  
Feeling Angry  
Feeling Apathetic

Feeling Dissatisfied  
Feeling Frustrated  
Feeling Helpless  
Feeling Inadequate  
Feeling Pressured  
Having Difficulty Concentrating

Having Worrisome Thoughts  
Having Mental Blocks  
Having One's Thoughts Race  
Having a Sense of Hopelessness  
Having a Sense of Loneliness  
Wanting Help

## Handout 3: The Phases of a Crisis<sup>1</sup>

### *Overview*

A crisis is usually characterized by five phases, which may occur in order, overlap, and/or intertwine. Awareness of the phases and of the responses typical to each phase leads to correct identification and assessment of a family in crisis. As described below, the phases are:

#### **Phase 1: *The Family Crisis is Triggered***

A family is thrust into a crisis when two or more elements contributing to a state of crisis interact. When the crisis is triggered, it causes a change in the family's circumstances and an increase in stress and anxiety.

#### **Phase 2: *Seeing the Crisis as Threatening***

Family members see the crisis as a threat to the family's goals, security, or emotional ties. Some crises are universally threatening or stressful—the death of close family or friends, divorce, serious illness, personal injury, and environmental disasters.

#### **Phase 3: *Staging a Disorganized Response***

The crisis may spur a rush of memories about traumatic or highly stressful times in the family's past. The family becomes increasingly disorganized as the strategies and resources used in the past to solve family problems fail. Family members experience increasing feelings of vulnerability, helplessness, anxiety, and confusion. As a result, feelings of losing control and being unable to meet family responsibilities may become intensified and disabling to family members.

#### **Phase 4: *Searching for a Solution***

In an attempt to deal with mounting tension, the family begins to involve friends, relatives, neighbors, and others in the crisis. Typically, each family member looks for someone to validate his/her own views about the crisis and its resolution. Conflicting opinions and advice can add to the family's confusion and instability. When the family is unable to find appropriate solutions to the crisis, a chain of events is set off, creating yet another crisis for the family. Rapid intervention is necessary to stop the chain of events from causing a complete breakdown in family functioning and a perpetual state of crisis.

#### **Phase 5: *Adapting New Coping Strategies***

When support for dealing with the crisis is available from a non-judgmental and skillful "helper," this phase represents a turning point for the better for the family in crisis. Family members are likely to welcome the sense of direction, security, and protection the helper brings to their situation. The tension and struggles created by the crisis provide the motivation for the family to learn and apply new coping strategies, and to use new resources. With supportive intervention, the family discovers it can master and overcome the crisis or, at least acknowledge, accept, and adapt to the real or tragic loss surrounding the crisis.

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<sup>1</sup>Adapted from C. Gentry, *Crisis Intervention in Child Abuse and Neglect* (Washington, D.C.; U.S. Dept. of Health and Human Services, 1994).

## Handout 4: Family Scenario: The Kelly Family<sup>2</sup>

### Instructions

Select a facilitator, a recorder, and a reporter for your group. First, read part 1 of the Kelly family scenario and, as a group, discuss and answer the first three questions listed below. Next, read part 2 of the family scenario and discuss the remaining questions. Record discussion points on newsprint. Your group has approximately 30 minutes to discuss both parts. When the large group reconvenes, reporters will be asked to present the discussion points.

### Parents

Lamont Kelly, father, age 28  
Nadya Kelly, mother, age 27

### Children

Chris, age 10  
Katie, age 5  
Bobby, age 4

### PART 1: CAUSE FOR CONCERN

Ms. Rodriguez, a family service worker at the Oakwood Head Start program, has received several reports of concern about the Kelly family in the past week. Katie's and Bobby's teachers reported that they sense the family is experiencing a great deal of stress, but they have been unable to determine the cause. Mr. Kelly seemed particularly upset last Monday when he came to pick up the children. Bobby's teacher asked him if there were something she or someone else at Head Start might do to help. Mr. Kelly replied, "Nothing's gonna help!" He then turned away abruptly and left with Bobby.

At the time the children were enrolled in Head Start, the Kelly family had just moved to Oakwood from a rural part of the state. Mr. Kelly seemed optimistic about finding a new job. All three children appeared well nourished and well cared for. Now, the teachers report Katie and Bobby are chronically late, always look tired, and often ask for snacks. Further, Katie is showing lots of difficulty settling down for group activities and Bobby is throwing explosive temper tantrums almost daily. The children make frequent remarks about their mother being sick.

Mr. and Mrs. Kelly are not actively involved in Head Start. In fact, the teachers have never met Mrs. Kelly. Earlier contacts with Mr. Kelly were very brief and marked by his abrupt and seemingly hostile attitude. The teachers and Ms. Rodriguez agreed that a home visit by Ms. Rodriguez might shed some more light on the family's situation.

### Discussion Questions

1. What feelings or thoughts do you believe Ms. Rodriguez had as she listened to the teachers' concerns about the Kelly family?
2. If you were Ms. Rodriguez, what would you want to accomplish during your first visit to the Kelly home?
3. From the information you have so far, what suggests the Kelly family may be in a state of crisis?

<sup>2</sup>Adapted from *Specialized Training for Child Protective Services Workers* (Washington, D.C.: U.S. Dept. of Health and Human Services).

## Handout 4: Family Scenario: The Kelly Family (continued)

### PART 2: A VISIT TO THE KELLY HOME

Ms. Rodriguez followed up on the teachers' concerns the next day with a visit to the Kelly home. The Kellys' home is small, in need of repair, and isolated from neighbors. The blinds in the house are drawn during the day, the lawn is overgrown with weeds, and there is an old car in the driveway with a rejection sticker on the windshield. The front door has a sign that reads: "BEWARE OF DOG."

As Ms. Rodriguez approached the home, the front door was opened by Mr. Kelly. Ms. Rodriguez told Mr. Kelly she was the staff member from Head Start who had called earlier in the day. Mr. Kelly asked to see some identification, which she showed him. Ms. Rodriguez asked if she could come in to visit for a few minutes. Mr. Kelly immediately wanted to know whether his children had done something wrong at school. Ms. Rodriguez suggested they go inside the house to discuss the situation, rather than remain on the porch. Mr. Kelly agreed and allowed Ms. Rodriguez inside. As she entered, she noticed piles of dirty laundry strewn in a room off the hallway and dishes piled in the kitchen sink.

Ms. Rodriguez followed Mr. Kelly to the living room, where he demanded to know why Head Start was visiting his family. Ms. Rodriguez explained the teachers' concerns for the family, as well as her own. Mr. Kelly seemed mistrustful and suspicious, saying that "people are always trying to run my life." Ms. Rodriguez explained that sometimes families get into difficult situations and need help. Mr. Kelly responded by saying "no one has ever helped me before and I don't want any help now."

In yet another effort to engage Mr. Kelly, Ms. Rodriguez changed the topic of conversation. She said she understood that he might be looking for work. At that point, Mr. Kelly began to speak more readily. He said the family moved two months ago from a small farming town in the eastern part of the state. He spoke enthusiastically about his past job working on a large farm, even though the job ended when he mangled his leg in a tractor accident. That event convinced Mr. Kelly to move his family to Oakwood.

When the Kellys first arrived in Oakwood, things seemed to go well. Mr. Kelly got good-paying work as head security guard for the Xerox factory, but the job did not last long. When Ms. Rodriguez asked Mr. Kelly what happened, he became agitated and withdrew from the conversation. He mumbled that the family barely survives now on disability checks and food stamps.

Mr. Kelly told Ms. Rodriguez it was time for her to leave, because he had to check on his wife. That was the first mention of Mrs. Kelly. Ms. Rodriguez asked if she might have a minute or two to visit with Mrs. Kelly. Mr. Kelly reluctantly agreed and led Ms. Rodriguez to a bedroom in the back of the house. In the bedroom, Mrs. Kelly was lying in bed propped up with several pillows. Mr. Kelly made the introductions, offered his wife a drink of water, and Ms. Rodriguez explained her desire to be of help to the family.

## Handout 4: Family Scenario: The Kelly Family (continued)

### PART 2: A VISIT TO THE KELLY HOME (continued)

Mrs. Kelly looked frail and spoke quietly. She said she was making a slow recovery from a thyroid operation. Ms. Rodriguez asked about Mrs. Kelly's medical treatment. Tears streamed down Mrs. Kelly's face as she explained that the family had no health insurance and no more money to pay a doctor. A large medical bill from the hospital is still outstanding. Mr. Kelly tries to pay \$25 a month toward the bill, but that is not always possible. A collection agency has been threatening to take the family to court. Ms. Rodriguez told Mr. and Mrs. Kelly there were medical resources in the community that might be able to help the family. As a start, Ms. Rodriguez offered to return to the home the next day with a visiting nurse. Both Mr. and Mrs. Kelly nodded in agreement to the suggestion, and a tentative time was set for the visit.

### Discussion Questions

4. What stress-producing situations or events has the Kelly family experienced recently?
5. What difficulties in coping are evident in the Kelly family? Strengths in coping?
6. Is the family having difficulty meeting its responsibilities? How?
7. What supports are currently available to the family?
8. Which phase (or phases) of a crisis do you believe the Kelly family is experiencing?
9. How is Mr. Kelly affected by the crisis situation? Mrs. Kelly? The Kelly children? What underlying feelings do you believe the family is experiencing?
10. What suggests that the Kelly family is open to receiving help from Head Start?
11. What might happen to the Kelly family without Head Start's support and resources?
12. What might happen to the Kelly family with Head Start's support and resources?
13. If you were Ms. Rodriguez, what would you do next to support the Kelly family? How would you involve the children's teachers? Other Head Start staff? Other Head Start families? Community resources?

## Handout 5: Possible Psychological Effects of Crises

### Overview

*People in crisis typically experience a variety of psychological effects. It is important for the psychological effects to be anticipated and interpreted correctly; they are temporary and not indicators of mental illness. As described below, the psychological effects fall into six broad categories.*

- **Difficulty Thinking Clearly.** People in crisis may quickly skip from one idea to another in conversation, making communication with them confusing and difficult to follow. They may have trouble relating ideas, events, and activities to each other in a logical way. They may overlook or forget important details in their explanation of events. Fears and wishes may be confused with reality. Some people in crisis cling to responses or behaviors they used in the past to solve problems; they seem unable to move on to new ideas, actions, or behaviors necessary to resolve the current situation.
- **Dwelling on Meaningless Activities.** In an attempt to combat anxiety, people in crisis may become overly involved in activities that are not productive. For example, they may spend all day watching TV, sleeping, or just sitting. They are likely to need considerable help in focusing on activities to bring the crisis to an end.
- **Expressing Hostility or Numbness.** The feelings of loss of control and vulnerability, experienced by most people in crisis, may be expressed through hostile words and actions directed toward anyone who intervenes in the situation. Others may withdraw or experience depression; they seem not to care about the crisis or its outcome.
- **Impulsiveness.** Although some people become immobilized in crisis situations, there are others who react impulsively without any regard to the consequences of their behavior. Impulsive behaviors, such as verbally striking out at a child or a spouse, can trigger additional crises. In these instances, a complex situation becomes even more complex and difficult to resolve.
- **Dependence.** It is natural for people in crisis to feel dependent upon a professional who offers support and help. The professional represents a source of power and authority—someone who knows what to do and how to get things done—and someone who is the answer to all the family's difficulties. Such views of the professional can have a stabilizing impact on a family at the height of a crisis. After a brief period of dependency, most families are able to let go and act independently. For some, however, dependency may linger and become extreme, making them quite vulnerable to negative influences. They may be unable to decide between what is beneficial for them and what could be harmful, or to decide to whom they should or should not listen.
- **Feeling Incompetent.** A crisis presents a threat to one's sense of personal competency and self-worth. To counter low self-esteem, people in crisis may assume a facade of adequacy or arrogance. They may claim no help is needed or withdraw from offers of help. It is important to remember that families in crisis are probably very frightened by their feelings of incompetency, rather than unmotivated or resistant.



## Handout 6: Crisis Assessment

### Instructions

Select and describe a Head Start family under stress. Examine sources of stress in the family and the family's coping abilities, and determine whether the family is in a state of crisis. Use the following questions to spur your thinking as you conduct your assessment.

1. What stress-producing situations or events has the family experienced recently? *(Consider sources of stress linked to family, economic, and community situations, as well as to natural elements.)*
2. How is the family affected by the situation? *(Consider signs of family strength, as well as distress.)*
3. Is the family having difficulty meeting its basic responsibilities? How?
4. What effective coping strategies are evident in the family? *(Consider strategies such as making plans to resolve the situation or seeking the support and resources in the community.)*
5. What ineffective or harmful coping strategies are evident in the family? *(Such as self-blame, dwelling on the problem, substance abuse, refusing to talk, or rejecting offers of support.)*
6. What supports (informal or formal) can the family access?
7. Are any psychological effects of a crisis evident in the behaviors and feelings of family members?
8. Do you believe the family's reactions suggest a crisis state? If so, which phase (or phases) of a crisis do you believe the family is experiencing?



## Responding to Families in Crisis

### Outcomes

As a result of completing this module, participants will be able to:

- **Develop** a planned response for supporting and stabilizing a family in crisis;
- **Make** appropriate decisions about their role in the crisis intervention process; and
- **Use** crisis intervention techniques to help defuse a family crisis.

### Key Concepts

The key concepts of Module 3 that support the skills for responding to families in crisis include:

- **Crisis intervention is an intensive short-term service.** As a carefully planned and focused service, crisis intervention addresses the "here and now" needs of the family through the resources of the family, Head Start, and the broader community. Crisis intervention is guided by six primary goals, which aim to stabilize and strengthen the family.
- **In working with families in crisis, Head Start staff must always be aware of how their own feelings are affecting them and the intervention process.** Sometimes staff experience feelings similar to those of families in crisis. They become overwhelmed, angry, confused, frustrated, hopeless, anxious, helpless, etc. When such feelings go unheeded, they take a draining toll on staff and the family partnership. Thus, it is important for Head Start to provide staff with opportunities to explore their reactions to a family crisis, their level of comfort in handling the crisis, and any personal values or feelings that may make professional boundaries difficult to maintain.
- **Skillful crisis interveners involve the entire family in the assessment and problem-solving processes.** Families are systems; what affects one member of a family affects other family members. Therefore, whenever possible, the skillful crisis intervener encourages all family members to share their views about the crisis, what they want help with, and how they want the situation to change. It may take many hours of active listening and observing for a crisis intervener to sort out the family interactions, conditions, and/or events that triggered the crisis, and to help the family choose a path for resolving the crisis.
- **Families in crisis often require specialized crisis intervention services.** Unresolved crises can cause a serious breakdown in parent, child, and family functioning. For Head Start programs, crises may take up a large amount of staff time and energy. As a result, other Head Start families in need of support and crisis prevention services may go unserved. To ease

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the dilemma, Head Start's response to a family in crisis should primarily be to assess the situation, provide support where appropriate, and refer the family to a crisis intervention program or to an intensive family support program in the community. Such programs, often publicly funded, are called family preservation services or home-based counseling services.

## *Background Information*

This module focuses on crisis intervention and the role of Head Start staff in carrying out or supporting that process.

### **Crisis Intervention Goals**

Crisis intervention is guided by six goals, which influence decisions about Head Start's role with a family in crisis and aim to stabilize and strengthen the family. Major goals are to:

- **Identify and understand** the crisis triggering event(s);
- **Relieve** the acute symptoms of stress being experienced by the family and individual family members;
- **Restore** the family and family members to their best pre-crisis levels of functioning or better;
- **Identify** the steps the family, Head Start staff, and community resource providers can take to remedy the crisis;
- **Establish** a connection between the family's current situation and past experiences; and
- **Support** the family's use of new ways of coping with stressful situations.

### **The Crisis Intervention Role of Head Start Staff**

The role of Head Start staff is generally one of recognizing and assessing the crisis situation, listening and providing reassurance, and helping the family to use specialized resources in the broader community. Sometimes, however, the Head Start staff member may be the crisis intervention team leader.

The crisis intervention role of staff varies from family to family, depending upon many factors. Important considerations include:

- **The Nature of the Crisis.** Some crisis situations may require specialized crisis intervention from a doctor, a mental health counselor, a lawyer, or a substance abuse treatment specialist.
- **Family and Staff Safety.** If a family crisis poses serious risk to the safety of family members, staff, or the community, lead responsibility for crisis intervention is usually shifted to law enforcement agencies, child protective services, or domestic violence programs.

- **The Strength of the Current Staff-Family Partnership.** Families in crisis are likely to be most open to the intervention of staff whom they already know and trust. If a strong staff-family partnership exists, it is best for the partnership to continue with staff supporting the crisis intervener.
- **Staff Availability.** A family in crisis may require a significant number of staff hours each week. The staffing resources of the Head Start community may not allow for the frequent and intense contacts the lead role requires.
- **The Availability of Specialized Crisis Intervention Programs.** Many communities today have government-funded programs designed to stabilize and support families during crises. Such programs are usually accessed through social services, child welfare, mental and physical health services, and court services.
- **Local Program Policy.** In line with community partnerships, local programs may have interagency agreements or protocols that spell out crisis intervention roles and responsibilities. Thus, local policy may determine the type and extent of Head Start's role with a family in crisis.

When it is inadvisable or inappropriate for Head Start to take the lead role in crisis intervention, there are still ways staff can support a family in crisis. Examples include:

- **Referring** the family to specialized community services;
- **Being** the family's advocate;
- **Offering** practical and emotional support to the family and assistance to the lead program as services are provided; and
- **Supporting** the lead program's intervention with the family.

## Steps of Crisis Intervention<sup>1</sup>

Crisis intervention is a short-term, carefully planned, and focused service that addresses the "here and now" needs of the family through the resources of the family, Head Start, and the broader community. Whether Head Start staff assume the lead crisis intervention role or act as a support system to the family and the community resources involved, they should observe eight basic steps:

- **Step 1: Assess the crisis situation.** In this first step, the crisis intervener involves the family in an exploration of such questions as:

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<sup>1</sup>Adapted from C. Gentry, *Crisis Intervention in Child Abuse and Neglect* (Washington, D.C.: U.S. Dept. of Health and Human Services, 1994).

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- What happened? Is anyone in danger? Who is involved?
- What triggered the crisis? When did the triggering event occur?
- What are the immediate effects of the crisis on the family?
- What are the family's immediate needs, as expressed by the family?
- Where do we go from here?

- **Step 2: Rapidly form a family partnership.** Families in crisis are likely to be most open to an intervener whom they already know and trust. If a family does not already have a trusting relationship with staff, staff should quickly lay the groundwork for a family partnership by evoking sincerity, nonjudgmental attitude, and sensitivity to the family's feelings and situation. Belief in the family's ability to overcome the crisis also encourages the family to partner with staff.
- **Step 3: Examine contributing elements.** After rapport is established with the family, the crisis intervener's focus turns to the stress-producing situation(s), coping strategies, unmet family responsibilities, or lack of supports that contributed to the crisis.

Every family member needs to be given the chance to express his or her opinions about what happened and why; different opinions help the intervener gain a complete picture of all the contributing factors. Discussion is encouraged with comments, such as:

- I can see you are really upset. Can you tell me what happened? Can you remember when you began feeling this way?
- Can you tell me what started all this? Have you been under a lot of stress?

- **Step 4: Assess family strengths and coping strategies.** To help the family develop effective strategies for dealing with the crisis, the intervener focuses on family strengths, including ways the family has coped and problem-solved well in the past. During this step, the crisis intervener:
  - Encourages a strengths perspective in the family by identifying and reinforcing family strengths and resources;
  - Explores the family's current strategies and alternatives for coping with the crisis; and
  - Clarifies family priorities (What do you want to have happen? What do you want to change? What do you want to do?).

- **Step 5: Decide on the role of Head Start staff.** The crisis intervention role of staff may vary from family to family. Head Start's response to a family in crisis should primarily be to refer the family to a program providing the needed services, a crisis intervention program, or family support program in the community. Questions to ask when deciding on the role of Head Start staff include:
  - What is the nature of the crisis? Does it require specialized services?
  - Is any family member in danger due to the crisis?
  - What is the strength of the current staff-family partnership?
  - Can Head Start staff devote the appropriate time and resources to defuse the crisis?
  - Are specialized community intervention programs available in the community?
  - Does local program policy clarify the crisis intervention services offered by Head Start staff?
- **Step 6: Take action.** Once the Head Start staff member has decided on his/her appropriate role, he/she must take action and either: 1) assume the lead in crisis intervention and develop and implement an action plan; or 2) find appropriate resources and make referrals.
  - *Develop and implement an action plan.* Rather than attempting to address all the issues affecting a family in crisis, the crisis intervener helps the family to examine its needs and establish priorities. This intervener then helps the family develop an action plan in response to the family's chosen priority(ies). The action plan needs to be brief, simple, and have short time limits set for its completion in order to ensure success. Armed with a concrete action plan, the family begins to feel more in control of the crisis situation.

When developing an action plan, the staff-family team identifies specific tasks and sets time limits for completing the tasks. As tasks are completed, the intervener reinforces any success, no matter how small, with comments such as "That really worked well, didn't it?", "I am pleased you were able to do that!", "What you did was very important!", "I think you're on the right road now!". Further, the intervener always makes sure the family knows what will happen next, saying for example, "Tuesday is a good day for me to see you again. How is it for you?" or "By next week, I will arrange for you to meet with your son's teacher."

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- *Find appropriate resources and make referrals.* Many families in crisis require help from community resources. Head Start staff should pave the way for the family's use of community supports. This often means making sure resources are available and accessible prior to referral; working through any distress the family may have about getting outside help; explaining program eligibility criteria; giving the family the name of a person to contact, rather than just the name of an agency; accompanying the family to initial appointments; and being a family advocate.
- **Step 7: Prepare for the termination of crisis intervention services.** Crisis intervention services are both intensive and short-term. The crisis intervener lets the family know the time limits at the beginning. A short timeframe serves an important purpose: families realize they must move ahead quickly to complete their action plan. Preparation for service termination continues in subsequent weeks with reminders about when crisis intervention contacts will end. Gradual declines in the frequency and length of contacts with families as they stabilize also help to ease the service termination process.
- **Step 8: Follow up.** Final crisis intervention contacts with families include plans for follow-up. Follow-up ensures that the kind, quality, and timeliness of the services received through referrals met the family's expectations and circumstances. Follow-up involves checking in with families to make sure that continuing resources and supports are in place to maintain family stability. Further, during follow-up contacts, the crisis intervener assesses and reinforces family progress in coping more effectively.

## Techniques for Defusing a Crisis

Active listening, providing information, modeling a sense of humor and fun, showing enthusiasm, instilling hope, and questioning are some techniques useful for defusing a family crisis and helping a family to stabilize.

- **Active Listening.** Active listening is perhaps the most important technique for defusing a crisis. For many families in crisis, active listening may be all that is needed to restore family functioning. Active listening with families may involve:
  - Encouraging the expression of feelings;
  - Acknowledging the real loss or tragedy experienced by a family;
  - Reflecting feelings expressed by the family;
  - Normalizing the family's reactions;
  - Conveying acceptance of the family, but not of destructive behaviors;

- Reframing family statements or behaviors to emphasize the positives;
  - Focusing on the "here and now";
  - Confronting inconsistencies in family statements or behaviors in tactful ways;
  - Clarifying a family's priorities among many issues; and
  - Summarizing and bringing closure to emotional topics.
- **Providing Information.** It is important for family members to know what to expect throughout the crisis intervention process. Sharing information about the intervention period, when and how often the crisis intervener will visit the family, and what the intervener plans to do to support the family can relieve much of a family's anxiety about what lies ahead. Information about issues related to the crisis can also be helpful.
  - **Modeling a Sense of Humor and Fun.** Some families need to be able to relax and take themselves and their situations less seriously. Showing a sense of humor about one's own mistakes lets families know that no one is perfect and that laughter is sometimes the best medicine. Many families in crisis can benefit by setting aside time for fun or social activities.
  - **Showing Enthusiasm.** The crisis intervener's enthusiasm promotes feelings of enthusiasm in the family. Family members begin to gain confidence in their own abilities to resolve the crisis when they see the worker as someone who believes they can do so, too.
  - **Instilling Realistic Hope.** The crisis intervener's own ability to instill hope in families is a critical variable in defusing crises and motivating families to try new coping strategies. When family members sense that positive approaches and outcomes to the crisis are possible, they begin to feel confident in their ability to bring about change. And, when interveners keep their promises, families begin to trust and believe in change.

Instilling realistic hope requires helping the family to see its strengths. Encouraging the family to try new approaches imparts hope. Choice of words is critical when discussing action plans; words such as "when" and "will" send much more hopeful messages to families than "if" or "maybe."

- **Questioning.** In periods of crisis, it is important for families to be able to organize their thoughts. Asking questions is one way to help families start thinking clearly again. For example, "What have you already tried?", "What do you want to try next?" and "Who can you usually count on?" are questions that can lead families toward a better understanding of their alternatives.

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With appropriate support and services, the tension and struggles created by a family crisis can be channeled quickly into constructive courses of action. The family in crisis learns to use new resources, apply new problem-solving skills, and cope more effectively with stress. The result is often a very strengthening experience that can carry the family through complex challenges in the future.



## Activity 3-1: Responding to a Family in Crisis



**Purpose:** To increase staff skill in responding to a family in crisis.

### Preparation

For this activity you will need:

- Handout 1: *The Garcia Family, Part I*
- Handout 2: *The Crisis Intervention Response*
- Newsprint/Markers/Tape

1. (a) *Open the activity.* To engage participants in the activity, begin by reading this brief vignette to the group.

"After a long and tiring week at work, Friday afternoon is finally here. You take the last telephone call for the day, only to hear Mrs. Garcia, a Head Start grandparent, sobbing so hard she can barely tell you what is wrong. Finally, you realize she's at the end of her rope over news about her adult daughter having AIDS. She asks for your help."

(b) Ask participants to call out their **immediate** reactions to the vignette by raising these questions: What feelings are you experiencing? What are you going to say to Mrs. Garcia? How are you going to respond to the crisis?

2. *Provide an overview of the activity.* After acknowledging the participants' reactions to the Garcia vignette, explain that this activity is designed to help them respond to a family in crisis. State that when responding to Mrs. Garcia on the phone, it is important for staff to gather as much information as possible about what prompted her call. Tell participants that asking Mrs. Garcia the following questions will help with immediate intervention decisions:

- What is going on right now?
- Is anyone in any danger?
- Who is at home with you?
- What kinds of thoughts or feelings are you having?
- How is your family reacting?
- What prompted the call for help?

3. *Initiate a small group exercise.* Have participants form small groups of four to five members each to examine additional information about Mrs. Garcia's crisis situation. Refer participants to handout 1 on the Garcia family. Point out that the handout provides additional information on the family's situation and raises questions to help staff plan a visit with the family. Explain that after approximately 30 minutes, the large group will reconvene and debrief the exercise.

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4. *Debrief the small group activity.* Ask each small group to present its plan to the large group.
5. (a) *Give a brief overview.* Explain that crisis intervention is guided by six goals, which influence decisions about Head Start's role with a family in crisis. Review the goals of crisis intervention:
  - Identify and understand the crisis triggering event(s);
  - Relieve the acute symptoms of stress being experienced by the family and individual family members;
  - Restore the family and family members to their best pre-crisis levels of functioning or better;
  - Identify the steps the family, Head Start staff, and community resources providers can take to remedy the crisis;
  - Establish a connection between the family's current situation and past experiences; and
  - Support the family's use of new ways of coping with stressful situations.
- (b) Distribute and review handout 2. Encourage participants to raise questions or make comments about the handout and their crisis intervention role. Point out that most Head Start programs are not equipped to offer a response that has all of the handout's components. However, staff can still use the handout as a guide in finding, collaborating or partnering with, and monitoring a lead crisis intervention program.
6. *Closing.* Emphasize the various ways staff can support families in crisis, as presented in the background information section of this module. Point out that in the next activity staff will revisit the Garcia family and discuss issues related to their crisis intervention role.

## Activity 3-2: Developing the Crisis Intervention Response



**Purpose:** To enhance staff skills in developing a crisis intervention response.

### Preparation

For this activity, you will need:

- Handout 1: *The Garcia Family, Part I*
- Handout 3: *Steps of Crisis Intervention*
- Handout 4: *The Garcia Family, Part II*
- Newsprint/Markers/Tape

**Trainer Preparation Note:** This activity builds on the skills taught in Activity 3-1. For best results, this training activity should be used as an extension of that activity. When forming the small groups for this activity (step 3), consider having participants return to the same groups they were in for Activity 3-1.

1. *Introduce the activity.* Explain that in this activity staff will further explore their role with families in crisis and develop a crisis intervention response. Review discussion highlights from Activity 3-1 (handout 1) to prepare participants for a home visit with the Garcia family.
2. *Give a brief overview of crisis intervention.* Explain that crisis intervention involves eight basic steps. Emphasize that staff's role in each crisis will vary from family to family. Distribute and review handout 3.
3. *Initiate a round robin exercise.* Ask participants to form small groups of four to five members. Distribute handout 4. Explain that after the groups read handout 4, which describes a visit to the Garcia home, they are to answer the discussion questions about the crisis situation. Allow 30 minutes for the small group discussion.
4. *Lead the round robin discussion.* Copy the first discussion question listed below on a sheet of newsprint. After 30 minutes, call time and ask one small group to give its response to the first question. Call on the other groups, one at a time, and ask them to add to the responses to the first question; that is, to build on what has already been said with other responses discussed in their small group. Record responses on the newsprint. Repeat the process with the remaining questions, starting each time with a different small group.
  - What was the Head Start worker able to achieve in this visit? What skills did she demonstrate?

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- What contributed to the crisis? What are the potential risks in this crisis situation?
  - What are the family strengths or coping strategies that suggest the crisis situation can get better?
  - What supports or resources are needed to stabilize this family? To meet the needs of individual family members?
  - What steps can this family take to deal with the crisis?
  - What would you do next to support this family? Is there an established partnership with the family? How would you involve other Head Start staff? Community resources?
5. (a) *Explore issues affecting the role of staff in crisis intervention.* Ask participants:
- What limits your work with families in crisis?
  - How do those limitations affect your crisis intervention role?
- (b) Explain that the crisis intervention role of staff may vary from family to family, depending upon a number of factors. Review the following factors, as presented in the background information:
- The nature of the crisis;
  - Family and staff safety;
  - The strength of the staff-family partnership;
  - Staff availability;
  - The availability of specialized crisis intervention programs; or
  - Local program policy.
- (c) Next, review staff responses to the last question in step 4. Ask participants, "Based on the factors we just discussed, how do you now see your role with the Garcia family?" Make sure participants consider the children's needs, as well as the adults', and how other members of the Head Start team and community resources might contribute to crisis resolution.
6. *Raise and discuss other issues affecting staff's work with families in crisis.* Emphasize that families in crisis are likely to require partnerships with community programs that specialize in crisis intervention, intensive home-based services, or family preservation. Staff involvement with a family receiving specialized community services might be to:
- Encourage the family to make use of the community services;
  - Be the family's advocate in accessing the services;

- Offer practical and emotional support to the family and assistance to the lead program as services are provided; and
  - Monitor/assess the lead program's intervention with the family.
7. *Closing.* Point out that crisis intervention decisions must be tailored to the uniqueness of each crisis situation and the uniqueness of each family.

## Activity 3-3: Building Crisis Intervention Skills



**Purpose:** To examine and improve staff responses to families in crisis.

### Preparation

For this activity, you will need:

- Handout 2: *The Crisis Intervention Response*
- Handout 3: *Steps of Crisis Intervention*
- Handout 5: *Family Crisis Scenario*
- Handout 6: *Tips for Working with Families in Crisis*
- A Scheduled Two-Hour Site Visit to a Crisis Intervention Program
- Newsprint/Markers/Tape

**Coach Preparation Note:** Make arrangements for a two hour site visit with a crisis intervention specialist. After selecting a community-based crisis intervention program (e.g., family preservation services, intensive in-home services, mental health crisis services), schedule a time for you and participants to visit the program and talk with a program specialist. The selected program may already be a Head Start community partner, or one with which the Head Start program wants to form a community partnership. Make sure the program specialist understands that staff will come prepared with questions and scenarios related to crisis intervention and the program's work with families. Ask the program specialist about the program's philosophy, goals, target population, and services.

If you need leads on an intervention program to visit, call a child welfare supervisor in the local public social services agency or a mental health services supervisor at the community mental health center. He/she can identify a crisis intervention unit within the agency or a private provider that contracts with the agency. This guide's **Resource** section provides national "hotline" numbers which also may be of assistance in identifying local crisis intervention programs.

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**Coach Preparation Note (continued):** If you are unable to arrange a site visit, invite a crisis intervention specialist to meet with staff at the Head Start center, or form a Head Start "consultation team" to meet with staff. Members of the Head Start consultation team should be representative of various disciplines (e.g., education, health, family services) and experienced in working with families. Modify the activity's steps accordingly. For example, have participants present their "burning questions" to the team and then discuss what they learned from the team.

## Session 1

1. (a) *Introduce the activity.* Discuss crisis intervention by reviewing handouts 2 and 3 with participants.  
  
(b) Explain plans for the site visit to a crisis intervention program. Emphasize that the site visit provides the opportunity for staff to develop/enhance a community partnership, consult with a crisis intervention specialist about actual families in crisis, and become more competent in crisis intervention and follow-up activities. Next, describe the crisis intervention program participants will visit, based upon the information provided by the selected program.
2. *Develop a list of "burning questions."* Give participants a few minutes to think about Head Start families, the types of crises the families experience, and issues staff face in responding to crisis situations and providing follow-up services. Help participants develop a list of "burning questions." Record the questions on newsprint. (*Have the list typed and distributed to participants, as well as the specialist being visited before the site visit date.*) Explain that during the site visit, participants will have time to raise "burning questions" related to crisis work with Head Start families.
3. *Give a homework assignment.* Refer participants to handout 5 and review the instructions. Ask participants to complete the handout and bring it with them to the site visit.

## Site Visit

1. *Review the agenda.* Review the site visit agenda, described below, with the crisis intervention program specialist and staff. Decide upon the approximate amount of time (within the two-hour period for the visit) that will be spent on each of these topics:
  - An overview of the crisis intervention program's response to families and the process for referring families to the program;
  - "Burning questions";
  - Crisis scenarios; and

## Session 2

- Intervention techniques program specialists use to defuse family crises.
2. *Conduct the site visit.* Work through each agenda item. Be sure that the specialist leaves ample time for questions and discussion within the two-hour site visit. Make plans with participants to meet with you again to debrief.
1. *Debrief the site visit.* Explore these questions:
    - What is most striking about the crisis intervention program's approach to working with families in crisis?
    - What did you learn from the site visit that reinforces the way you support families in crisis?
    - What did you learn from the site visit that will change the way you support families in crisis?
    - In what ways was the site visit discussion about your crisis scenario helpful to you?
    - Which crisis intervention techniques presented by the program specialist would you like to try out or learn more about?
    - What did you learn from the site visit that will help you to assess family progress? Monitor and assess crisis services provided to the family by community resources?
  2. *Review additional intervention techniques.* Distribute handout 6. Emphasize that this handout provides additional intervention techniques aimed at defusing crises.
  3. *Closing.* Recap highlights from the site visit and the debriefing. Set a time for a follow-up coaching session that focuses on staff experiences in applying what they learned from the site visit to their intervention and follow-up with a family in crisis.

# Module 3

## Activity 3-4: Techniques for Defusing a Family Crisis



**Purpose:** To provide staff with practice in applying techniques aimed at defusing a family crisis.

### Preparation

For this activity, you will need:

- Handout 1: *The Garcia Family, Part I*
- Handout 4: *The Garcia Family, Part II*
- Handout 6: *Tips for Working with Families in Crisis*
- Handout 7: *Role Play: Defusing the Garcia Family Crisis*
- Handout 8: *Role Play Observation and Discussion Guidelines*
- Role Play Name Tags
- Newsprint/Markers/Tape/Scissors

**Trainer Preparation Note:** This activity builds on the skills taught in Activities 3-1 and 3-2. For best results, this training activity should be used as an extension of those two activities.

1. *Provide an overview of the activity.* Explain that, through a role play, staff will practice and observe techniques to defuse a family crisis. The role play will focus on the Garcia family, discussed in Activities 3-1 and 3-2.

**Trainer Preparation Note:** For each group, make name tags for Ms. Aleta Jedlicka, Ms. Sarah Lawson, Mrs. Lyla Garcia, Margo Garcia, and Ricky Garcia. Using handout 7, copy and cut role play scripts for each group.

2. (a) *Help staff prepare for the role play.* Encourage discussion on techniques staff use to defuse family crises by raising these questions:
  - In your work experiences handling family crises, what have you done or tried to do to help families calm down and stabilize?
  - How have families responded to your "crisis-defusing" techniques?(b) Refer participants to handout 6. After giving participants a few minutes to review the handout, ask them to share their experiences using the crisis defusing techniques in their work with families. For example, ask participants to share a time when they helped a family to have fun, or set limits on a family member's destructive behaviors.
3. (a) *Initiate the role play.* Ask participants to form small groups, each comprised of 8 to 10 members, to conduct a role play of the Head Start worker's next visit with the Garcia family. Set the scene for the role play



by summarizing information presented previously in Activities 3-1 and 3-2 (handouts 1 and 4). Note that in this visit, a visiting nurse from the community health clinic accompanies the worker to the Garcia home.

(b) Have each group appoint a facilitator; distribute to each facilitator one copy of handout 7, copies of handout 8, role play name tags, and role play scripts. Instruct facilitators to go over the directions with their group. Tell the groups to begin work.

4. *Debrief the role play.* After 45 minutes reconvene the large group. Raise the following questions during the debriefing:

- What feelings or reactions did you have during the role play?
- How was the Head Start worker able to focus the Garcia family on what it wanted to have happen, change, or do? The visiting nurse?
- What crisis-defusing techniques seemed to be most effective with the Garcia family?
- If you were working with the Garcia family, what would you do to defuse the family crisis?
- How might you involve other Head Start staff in supporting the family? Other Head Start families? Community resources?

5. *Summarize and close the activity.* Make the following points:

- Crisis intervention focuses on the "here and now," and supports families in what they—not the interveners—see as priorities and want to change;
- A skillful crisis intervener involves the entire family in the "crisis-defusing" process;
- Concrete and practical services (e.g., arranging for child care, providing transportation, having a telephone installed or reconnected) lessen pressures in crisis-ridden families and free family energy for working on other issues; and
- Many Head Start families in crisis are dealing with an array of challenges. It is important for staff to remember that their goal is to help families stabilize and focus on a limited number of issues; that is, the issues that the family chooses as top priorities. Trying to address too many issues at a time may ignite, rather than defuse, a family crisis.

# Module 3

*Next Steps:  
Ideas to  
Extend Practice*



Follow-up training strategies to reinforce the concepts and skills developed in Module 3 are presented below. After completing Module 3, review the strategies with staff and help them choose at least one to work on individually or as part of a small group.

## ■ **Bringing Community Resources to Families in Crisis**

Have staff conduct a survey of community resources available to families in crisis, such as specialized crisis intervention programs, mutual support groups, and programs offering food, clothing, shelter, health care, legal advice, emergency funds, and language translation services. Help staff develop and distribute a crisis resource directory, based upon the outcome of the survey. Besides the names and telephone numbers of the resources, have staff include brief summaries of the resources and their hours of operation, names of contact persons, and details on how families and Head Start staff can gain access to the resources.

## ■ **Establishing a Crisis Intervention Team**

To help the Head Start community develop planned responses to family crises, have staff establish a multi-disciplinary consultation team. In addition to including Head Start staff representing diverse disciplines, staff may want to ask crisis intervention specialists from community agencies to become part of the team. The team could serve a number of purposes, including:

- Conducting an in-depth study of a family's crisis situation;
- Providing assistance with decisions about Head Start's role with a family in crisis;
- Identifying program or community resources directed on crisis intervention;
- Preparing a plan to involve Head Start families in efforts to support a family in crisis;
- Developing partnerships with specialized community resources for families in crisis; and
- Making presentations on crisis intervention for the Head Start community.

## ■ Applying Crisis Intervention Response Skills

After identifying a family in crisis, have staff meet with a coach or supervisor to plan and carry out the crisis intervention process. As envisioned, the coaching/supervisory sessions would parallel the steps of crisis intervention, helping staff to prepare for and assess their experiences in:

- Assessing the crisis situation;
- Forming a partnership with the family;
- Examining the elements contributing to the crisis;
- Assessing the family's strengths and coping strategies;
- Deciding on the role of Head Start staff;
- Developing and implementing an action plan;
- Finding and referring the family to community supports;
- Terminating crisis intervention services; and,
- Following up with community resources and reviewing the family's progress.

Role plays simulating actual staff-family visits, reviews of professional publications on crisis intervention, discussions on what staff might have done differently, and consultations with specialists on specific areas of concern to the family or staff are some possible activities for enriching the experience.

## ■ Developing Supports for Head Start Staff

Have staff meet periodically with a trainer, coach, or supervisor to explore interpersonal issues such as:

- The level of staff comfort in responding to different types of family crisis;
- Personal experiences, feelings, or values that may affect the ability of staff to partner with some families; and
- Staff knowledge about when and how to set limits for themselves as they support families in crisis.

## Handout 1: The Garcia Family, Part I

### Instructions

*With your group, read and discuss the information about the Garcia family. Then develop a plan for visiting the Garcia home, based upon the discussion questions. Your group has 30 minutes to complete its task.*

#### Adults

Lyla Garcia, age 52, mother and grandmother  
Margo Garcia, age 26, adult daughter  
Ricky Garcia, age 25, adult son

#### Children

Stephanie, age 10  
Terry, age 4  
Belinda, newborn

### THE CALL FOR HELP

During Mrs. Garcia's call, a Head Start worker, Ms. Jedlicka, was able to gather the following information about the family's crisis:

#### *What happened?*

Mrs. Lyla Garcia's daughter, Margo, just found out she has AIDS. As a single mother of three children (Stephanie, Terry, and Belinda), Margo has always relied heavily on Lyla to take care of the children. Along with feeling devastated by Margo's bad news, Lyla fears Margo will turn again to drugs to solve her problems. Margo just left the home, saying she needed time to "get herself together." Lyla's son, Ricky, still lives at home and contributes as much as he can to the children's care and support. However, neither Ricky nor Lyla expected they would be taking care of the children forever.

#### *Is anyone in danger? Who is home with you?*

All three grandchildren are with Mrs. Garcia and are safe. Mrs. Garcia does not feel she is in any danger, but she is worried about where her daughter went and what she might do.

#### *What thoughts or feelings are you having? How is the family reacting?*

Mrs. Garcia is feeling overwhelmed and says she can't stop crying. Ricky is doing all he can to help. He's at home now and is fixing dinner for the children. However, Ricky works nights and has to be at work in an hour. Mrs. Garcia says she thinks she can "pull herself together," but she's not sure.

#### *What prompted the call to Head Start?*

Mrs. Garcia described the news about her daughter's illness as the "last straw." Both Terry and Belinda have developmental problems caused by their mother's drug use during pregnancy. Belinda is wearing Lyla out with her colic. Nothing Lyla does seems to comfort the baby. Because Head Start has been such a big help to Lyla in handling Terry, Lyla decided to call Head Start for help. She is very upset and doesn't know what to do next.

## Handout 1: The Garcia Family, Part I (continued)

### RESPONDING TO THE CALL

#### Discussion Questions

- ☐ What are your immediate reactions to the Garcia family's crisis? How do you plan to deal with your reactions?
- ☐ When will you visit the Garcia family? (*Remember, it is almost the end of Friday's work day.*)
- ☐ Who will you ask to accompany you to the Garcia family home?
- ☐ What will you look for during your visit?
- ☐ What do you hope to achieve during your visit?
- ☐ From what you know now about the crisis situation, what Head Start or other community resources might be needed to support and stabilize the Garcia family?

## Handout 2: The Crisis Intervention Response<sup>2</sup>

### Overview

*Since there is a window of opportunity to strengthen the coping and problem-solving skills of families during a crisis, crisis intervention must be a timely and planned response. Most families in severe distress, as well as those experiencing one crisis after another, are best served by **specialized crisis intervention programs** that are prepared to:*

- Meet with the family no later than 72 hours after the crisis is identified;
- Remain with the family as long as necessary to stabilize the immediate situation;
- Be available to the family, as needed;
- Provide crisis intervention services primarily in the family's home;
- Have daily contact with the family in the beginning and decrease contact gradually thereafter;
- Set a timeframe with the family for the crisis intervention services, usually 4 to 12 weeks;
- Listen actively to family members (and key players in the life of the family) for long periods of time;
- Keep the family focused on reducing stress and completing tasks;
- Provide counseling, practical services, and referrals to community resources and supports;
- Maintain a family-centered focus, but remain flexible about working with any individual family member who wants help; and
- Provide support to intervention staff to help them deal with their own feelings and reactions to a family in crisis.

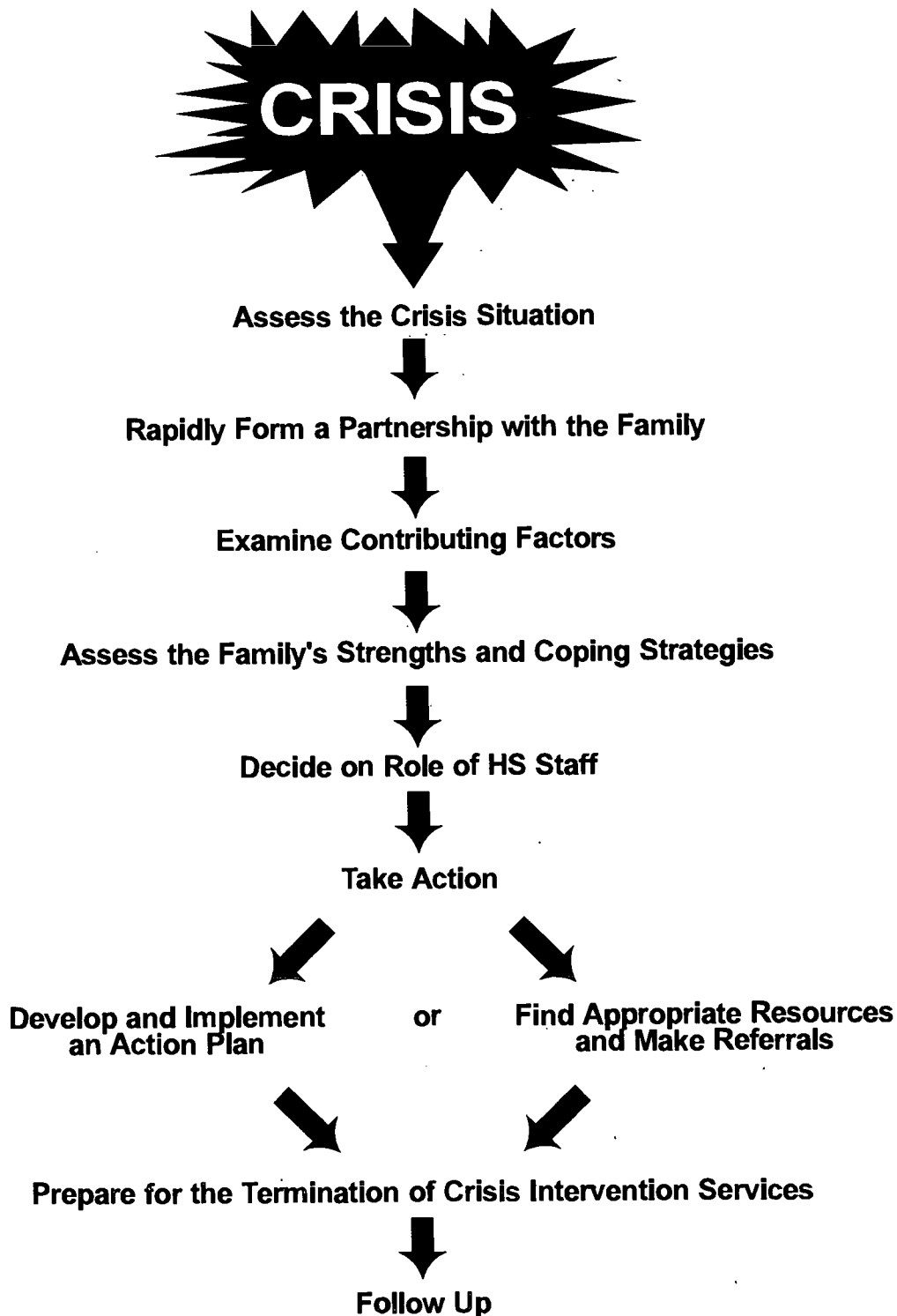
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<sup>2</sup> Adapted from C. Gentry, *Crisis Intervention in Child Abuse and Neglect* (Washington, D.C.: U.S. Dept. of Health and Human Services, 1994).

## Handout 3: Steps of Crisis Intervention

### Overview

*Crisis intervention involves the following eight basic steps. The role of staff in a crisis will vary from family to family.*



## Handout 3: Steps of Crisis Intervention (continued)

**Step 1:** **Assess the crisis situation.** This step involves the family in looking at the elements contributing to the crisis state in order to assess:

- What happened? How dangerous is the situation? Who is involved?
- What triggered the crisis? When did the triggering event occur?
- What are the immediate effects of the crisis on the family?
- What was the family's situation prior to the crisis?
- Where do we go from here?

While exploring the topics with the family, consider the type and magnitude of the crisis and family safety issues (e.g., whether the crisis places the well-being of the child(ren) at risk). Also encourage the family to express feelings of anxiety, guilt, fear, grief, anger, confusion, etc., related to the crisis. Expressing painful feelings helps the family to move on to problem solving.

**Step 2:** **Rapidly form a partnership with the family.** In this step of crisis intervention, a sincere, non-judgmental attitude, and sensitivity to the family's feelings and situation, lay the groundwork for a family partnership to form quickly, as does belief in the family's ability to overcome the crisis.

A constructive partnership also evolves from a sense of accomplishment. It is important for the family to feel that something useful has been accomplished during the crisis intervener's first visit and that more will be accomplished in the next. Showing enthusiasm and instilling hope in the family should promote such feelings. Family members begin to gain confidence in their own abilities to resolve the crisis when they see the intervener as someone who believes they have the strengths to do so.

**Step 3:** **Examine contributing factors.** After rapport is established with the family, shift the focus to the stress-producing situation(s), coping strategies, unmet family responsibilities, or lack of supports that contributed to the crisis. Every family member needs to be given the chance to express his or her opinions about what happened and why; different opinions help the worker to gain a complete picture of all the contributing factors. Encourage discussion with comments, such as:

- I can see you are really upset. Can you tell me what happened? Can you remember when you began feeling this way?
- Can you tell me what started all this? Have you been under a lot of stress lately?



## Handout 3: Steps of Crisis Intervention (continued)

**Step 4:** **Assess the family's strengths and coping strategies.** To help the family develop effective coping strategies for dealing with the crisis, focus on family strengths and the strategies for dealing with stress that have worked for the family in the past. During this step:

- Identify the family's strengths and resources;
- Explore the family's current coping mechanisms and alternatives for coping with the crisis; and
- Clarify family goals and priorities.

Exploring what family members have tried to improve the situation, areas in which they want help, and ways in which they want to make changes contributes to a better understanding of the family's potential for recovery. Questions to ask may include:

- What worries you most now?
- What have you already tried?
- What do you think might have happened if you tried \_\_\_\_\_ ?
- What else might you try?
- Do you think \_\_\_\_\_ would be helpful?

**Step 5:** **Decide on the role of Head Start staff.** The role of staff may vary from family to family. Head Start's response to a family in crisis should primarily be to refer the family to a program providing the needed services, a crisis intervention program, or a family support program in the community. Questions to ask when deciding on the role of Head Start staff include:

- What is the nature of the crisis? Does it require specialized services?
- Is any family member in danger due to the crisis?
- What is the strength of the current staff-family partnership?
- Can Head Start devote the appropriate time and resources to defuse the crisis?
- Are specialized community intervention programs available in the community?
- Does local program policy clarify the crisis intervention services offered by Head Start staff?

## Handout 3: Steps of Crisis Intervention (continued)

**Step 6: Take action.** Once the appropriate role has been determined, take action. Either assume the lead in crisis intervention and develop and implement an action plan, or find appropriate resources and make referrals.

- ***Develop and implement an action plan.*** Rather than attempting to address all the issues affecting a family in crisis, target intervention on the crisis situation. Help the family identify priorities and develop an action plan that is brief, simple, and has a short time frame to ensure success. Armed with a concrete action plan, the family begins to feel more in control of the crisis situation.

When developing an action plan, the staff-family team should identify specific tasks and set time limits for completing them. As tasks are completed, reinforce any success, no matter how small, with comments such as: "That really worked well, didn't it?", "I am pleased you were able to do that!", "What you did was very important!", "I think you're on the right road now!". Further, always make sure the family knows what will happen next saying, for example, "Tuesday is a good day for me to see you again. How is it for you?" or "By next week, I will arrange for you to meet with your son's teacher."

- ***Find appropriate resources and make referrals.*** Many families in crisis require help from community resources. Pave the way for the family's use of community supports by making sure resources are available and accessible prior to referral; working through any distress the family may have about outside help; explaining program eligibility criteria; giving the family the name of a person to contact, rather than just the name of an agency; accompanying the family to initial appointments; and being a family advocate.

**Step 7: Prepare for the termination of crisis intervention services.** Crisis intervention services are both intensive and short-term. Let the family know the time limits at the beginning. A short timeframe serves an important purpose: families realize they must move ahead quickly to complete their action plan. Preparation for service termination continues in subsequent weeks with reminders about when crisis intervention contacts will end. Gradual declines in the frequency and length of contacts with families as they stabilize also help to ease the service termination process.

**Step 8: Follow up.** Crisis intervention contacts with families must include plans for follow-up. Follow-up ensures that the kind, quality, and timeliness of the services received met the family's expectations and circumstances. Follow-up involves checking in with families to make sure that continuing resources and supports are in place to maintain family stability. Brief telephone calls or visits to see how the family is doing boost and reinforce the family's progress.

## Handout 4: The Garcia Family, Part II

### Instructions

*Appoint a facilitator for your group. Read the information presented below on the Garcia family and, with your group, answer the discussion questions. Your group has 30 minutes to complete its task*

#### Adults

Lyla Garcia, age 52, grandmother

Margo Garcia, age 26, adult daughter and mother of three

Ricky Garcia, age 25, adult son

#### Children

Stephanie, age 10

Terry, age 4

Belinda, newborn

### THE HOME VISIT

After speaking to Mrs. Garcia on the phone, Ms. Jedlicka, a Head Start worker, goes to the home. The Garcia family lives in a large public housing complex in the center of town. Mrs. Garcia is standing at the front door when Ms. Jedlicka arrives; through her tears, she is able to welcome Ms. Jedlicka with a quick hug.

With the grandchildren in the home, the living conditions are crowded but manageable. Stephanie often helps her grandma out by playing mommy to Terry and Belinda. No one has told Stephanie about her mother's illness, but the look on her face shows she knows something is terribly wrong. Terry, too, seems to sense the tension in the family; he repeatedly asks his grandma for a kiss, which only brings forth another round of grandma's tears.

Sitting close together, Ms. Jedlicka and Mrs. Garcia hold hands as Mrs. Garcia talks. She explains that she has always tried to be a good mother to Margo, but she guesses she hasn't been. Margo got involved with drugs at age 16 and became pregnant with Stephanie soon thereafter. After Stephanie's birth, Margo "shaped up," finished school, and got a job. Life seemed to be going well for Margo, until she became pregnant with Terry and her boyfriend disappeared. Terry was born prematurely and has been a "handful" to care for from the beginning. Without Head Start's help in teaching Mrs. Garcia how to handle Terry, Mrs. Garcia says she would have "gone over the edge" long ago. Now, there's another premature grandbaby that needs lots of special care.

Ms. Jedlicka asks Mrs. Garcia what worries her most right now. Mrs. Garcia expresses an array of worries and emotions. She states she is most worried about what her daughter is feeling and doing at this minute, and she blames herself for not stopping Margo from leaving the house. Mrs. Garcia admits she was so stunned with Margo's news earlier in the day that she couldn't think or give Margo the support she needed. Instead, she just went to bed and cried, while Ricky "pitched in" and took care of the children. Although Ricky doesn't complain about helping out, Mrs. Garcia feels she is not being fair to him. If things don't get better, Mrs. Garcia doesn't know what will become of the children. She's not sure she can manage much longer, particularly since the baby often has her up all night. Most of all, she can't bear the thought of losing Margo to AIDS.

## Handout 4: The Garcia Family, Part II (continued)

Ms. Jedlicka continues to listen to Mrs. Garcia. As feelings are expressed and sorted out, Ms. Jedlicka reassures Mrs. Garcia that Head Start will see her and her family through this crisis. Ms. Jedlicka asks Mrs. Garcia what might help her most right now. Before she is able to answer, Margo enters the room.

Margo shows no signs of drug use, but she clearly looks exhausted. When Mrs. Garcia sees Margo, she holds her arms out to her and the two cry together for a long time. When the crying stops, Ms. Jedlicka expresses her sorrow about the AIDS diagnosis and offers Margo her support and help. Margo is unable to say anything in response. After a few minutes of silence, Ms. Jedlicka asks Margo to promise to stay with her mother until at least tomorrow's return visit. Margo promises. Ms. Jedlicka suggests that she, a visiting nurse, Mrs. Garcia, Margo, and Ricky talk together tomorrow morning. Before she leaves the home, Ms. Jedlicka encourages Mrs. Garcia and Margo to rest while she and Stephanie wash the dishes from dinner and put toys away.

### Discussion Questions

- ☐ What was the Head Start worker able to achieve in this visit? What skills did she demonstrate?
- ☐ What contributed to the crisis? What are the potential risks in this crisis situation?
- ☐ What are the family strengths or coping strategies that suggest the crisis situation can get better?
- ☐ What supports or resources are needed to stabilize this family? To meet the needs of individual family members?
- ☐ What steps can this family take to deal with the crisis?
- ☐ What would you do next to support this family? Is there an established partnership with the family? How would you involve other Head Start staff? Community resources?

*Think about a Head Start family in crisis with whom you are currently involved or with whom you have worked in the past. Go through the questions below and write down notes, making sure you change identifying information to protect family confidentiality. During the upcoming site visit, there will be time for you to discuss the family and a crisis intervention response with a program specialist. When presenting your family scenario, follow the question format. Start with descriptive information and end with the issues you want the specialist to help you address.*

☐ What are the descriptive facts about this family (e.g., family members, ages of children, cultural background, source(s) of income, living conditions)?

- ☐ What is the family crisis that led to your involvement? How did you learn about the crisis? When and how did you respond?

- ☐ What is/was the impact of the crisis on the family? Individual family members? You?

- ☐ How have you tried to support this family? Follow up with this family? What was the family's response?
- ☐ What is the family's current situation? Relationship with you? Relationship with other community resources?
- ☐ What lingering concerns do you have about this family or your role?
- ☐ What specific issues or questions do you want to discuss with the program specialist?

## Handout 6: Tips for Working with Families in Crisis<sup>3</sup>

### Overview

*Listening actively, providing factual information, modeling a sense of humor, showing enthusiasm, instilling hope, and questioning are some techniques useful for defusing a family crisis and helping a family to stabilize.*

### Listening Actively

*Active listening is perhaps the most important crisis intervention skill.* With many families in crisis, active listening may be all that is needed to restore family functioning. To actively listen to crisis-ridden families, you might:

- Reflect feelings expressed by the family, e.g., "I hear your fears about losing control."
- Normalize the family's reactions, e.g., "In this type of situation, anyone would feel anxious and unable to think clearly."
- Acknowledge the real loss or tragedy experienced by the family, e.g., "You have experienced a terrible loss. I am here to support you and your family."
- Encourage the expression of feelings, e.g., "Tell me more about how you're feeling right now."
- Convey acceptance of the family, but not of destructive behaviors, e.g., "You know yelling at the children has to stop. I believe you want to stop and I can help you do that."
- Focus on the "here and now," e.g., "We only have six weeks to work together, so we have to make every minute count. Let's take another look at what we planned to do this week."
- Clarify a family's priorities among numerous issues, e.g., "Even though I know you're concerned about many things, we have to focus on one at a time. What do you want to work on first?"
- Reframe family statements or behaviors to emphasize the positives, e.g., "You're saying there's no hope, but look at what you've been able to do in just one week."
- Confront inconsistencies in family statements or behaviors in kind ways, e.g., "You say you want to spend more time with your children. Let's see if we can carve out some evenings for you and your children to have fun together."
- Summarize and bring closure to emotional topics, e.g., "I know it's been hard for you to talk about what happened, but you seem to have a much better handle now on what's bothering you the most."

<sup>3</sup>Adapted from C. Gentry, *Crisis Intervention in Child Abuse and Neglect* (Washington, D.C.: U.S. Dept. of Health and Human Services, 1994).

## **Handout 6: Tips for Working with Families in Crisis (continued)**

### **Providing Factual Information**

It is important for family members to know what to expect throughout the crisis intervention process. Sharing information about the intervention timeframe, when and how often the crisis intervener will visit the family, and what the intervener plans to do to support the family, can relieve a lot of anxiety in the family about what lies ahead. Education about issues related to the crisis can also be helpful.

### **Modeling a Sense of Humor and Fun**

Some families need to be able to relax and take themselves and their situation less seriously. Showing a sense of humor about one's own mistakes lets families know that no one is perfect and that laughter is sometimes the best medicine. Many families in crisis can benefit by setting aside time for fun or social activities.

### **Showing Enthusiasm**

Staff's own enthusiasm promotes feelings of enthusiasm in the family. Family members begin to gain confidence in their own abilities to resolve the crisis when they see the worker as someone who believes they can do so, too.

### **Instilling Realistic Hope**

A crisis intervener's ability to instill hope in families is critical in defusing crises and motivating families to try new coping strategies. When family members sense that positive approaches and outcomes to the crisis are possible, they begin to feel confident in their ability to bring about change. And, when interveners keep their promises, families begin to trust and believe in change.

Instilling hope requires helping the family to see its strengths and successes, rather than looking for someone to blame. Encouraging the family to try new approaches also imparts hope. Choice of words is critical when discussing action plans; words such as "when" and "will" send much more hopeful messages to families than "if" or "maybe."

### **Questioning**

In periods of crisis, it is important for families to be able to organize their thoughts. Asking questions is one way to help families start thinking clearly again. For example, "What have you already tried?", "What do you want to try next?", and "Who can you usually count on?" are questions that can lead families toward a better understanding of their alternatives.



## Handout 7: Role Play: Defusing the Garcia Family Crisis

### Facilitator's Instructions

*Ask your group for volunteers to role play: 1) Ms. Aleta Jedlicka, Head Start worker; 2) Ms. Sarah Lawson, visiting nurse; 3) Mrs. Lyla Garcia, grandmother; 4) Margo Garcia, Lyla Garcia's adult daughter and mother of three; and, 5) Ricky Garcia, Lyla Garcia's adult son. Distribute the role play name tags. Cut and hand out the role play scripts, making sure role players do not see each other's scripts. Give the role players a few minutes to think about their roles and establish the scene in the Garcia family's home. Encourage a spontaneous role play, rather than having role players prepare and practice their roles. Tell the volunteer playing the role of Ms. Jedlicka to plan to take the lead in initiating the visit by introducing Mrs. Lawson to the Garcia family. Refer remaining group members to handout 8, which provides guidelines for observing and discussing the role play. Ask observers to separate themselves from the role players by moving their chairs outside the role play area. Allow about 15 minutes for the role play, being sure not to stop the visit at a critical point, and 30 minutes for discussion. (You may want to appoint a timekeeper.) During the discussion, make sure all role players and observers have the chance to share their reactions to the role play.*

### Role Play Scripts



#### **Ms. Aleta Jedlicka, Head Start Worker**

Because you are concerned about the health of Margo and her infant daughter, Belinda, you have asked Ms. Lawson, a visiting nurse from the community health clinic (whose main concern is Belinda's health), to join you on this visit to the Garcia home. A neighbor has agreed to babysit for the three children so the adults can speak freely. You are feeling quite anxious about today's visit. You see the family as a "time bomb" ready to explode, with so many difficult issues to deal with at once.

Since you are worried about the impact of the crisis on everyone in the family, you want to defuse the crisis as quickly as possible. Today, you want to get family members to start thinking and talking about what they and you can do about the crisis. You plan to explain your role, listen actively, and ask a few questions to help the family start thinking clearly again.



#### **Ms. Sarah Lawson, Visiting Nurse**

After listening to Ms. Jedlicka's description of the Garcia family, your most immediate concern is Belinda, the baby. You believe that Belinda's "colic" might actually be a serious medical problem. You fear the Garcia crisis will only escalate further, unless something is done to relieve family stress surrounding Belinda's care. During today's visit you want to offer to arrange for the baby to be seen by a pediatrician, whose specialty is newborn care. You plan to provide the family with some facts about AIDS and the pediatrician; state your role, listen actively, and instill some hope in the family.



## Handout 7: Role Play: Defusing the Garcia Family Crisis (continued)



### Mrs. Lyla Garcia, Grandmother

After a restless night of sleep, your thoughts and feelings today remain confused. You are thankful your neighbor is watching the children this morning because you are feeling drained of energy. Every time you look at Margo, you get teary and want to tell her how much you love her, but you just can't get the words out. More than anything, you want to promise Margo that you will always be there for her and the children, but you're not sure you can make that promise. Taking care of your two youngest grandchildren, even with the support of your family, is just too much some days.

While you don't want to add to Margo's worries, you feel you have to tell Ms. Jedlicka, during her visit today, that you can't manage everything. You have to get some relief from taking care of the grandchildren.



### Margo Garcia, Lyla Garcia's Adult Daughter and Mother of Three

Although your experiences so far with Ms. Jedlicka have not been bad, you are by no means "won over" with her offers of help. You've heard about children being taken away from parents with AIDS, and you're not sure what Ms. Jedlicka intends to do about your children. She might call Child Protective Services. You're not looking forward to her visit this morning.

Last night you realized you had better spend more time with your children while you are physically able. You see the AIDS diagnosis as your punishment for letting your mother down so many times in the past. You want to make everything up to your mother and your children before you get too sick. If Ms. Jedlicka can help you with anything today, it will be to help you get your life turned around while there is still time. During today's visit you plan to "size up" Ms. Jedlicka to see if she is someone you can trust.



### Ricky Garcia, Lyla Garcia's Adult Son

While working last night, you found yourself going over and over again the news of your sister's illness. You have always been able to stick by your family in the past, but this time it's just too much. The future looks bleak and you don't know what more you can do.

Although you're worried about your sister, you're even more worried about your mother. She's always found the strength somewhere to keep going, but last night she was more upset than you've ever seen her. You didn't know how to comfort her, which made you feel all the worse. Today you're still feeling very anxious about not knowing how to make the situation better for your mother. During the visit today with Ms. Jedlicka, you plan to ask her what you should do.



## Handout 8: Role Play Observation and Discussion Guidelines

### Instructions

*As observers of the role play, watch for answers to the questions listed below. Record your observations. Look for both the verbal and non-verbal messages of the role players. When the role play stops, be prepared to share your observations.*

### Observation and Discussion Questions

- What techniques does Ms. Jedlicka, the Head Start worker, use to defuse the crisis in the Garcia family?  
Look for:
  - Listening Actively
  - Providing Factual Information
  - Modeling a Sense of Humor and Fun
  - Showing Enthusiasm
  - Instilling Realistic Hope
  - Asking Questions to Encourage Thinking
  
- What techniques does Ms. Lawson, the visiting nurse, use to defuse the crisis in the Garcia family?  
Look for:
  - Listening Actively
  - Providing Factual Information
  - Modeling a Sense of Humor and Fun
  - Showing Enthusiasm
  - Instilling Realistic Hope
  - Asking Questions to Encourage Thinking

## Handout 8: Role Play Observation and Discussion Guidelines (continued)

- What suggests some progress was made in defusing this family's crisis?
  
  
  
  
  
  
  
  
  
  
- What does this family want to have happen, change, or do?
  
  
  
  
  
  
  
  
  
  
- What feelings do you think Mrs. Garcia is experiencing at the end of the visit?
  - Margo Garcia?
  
  
  
  
  
  
  
  - Ricky Garcia?
  
  
  
  
  
  
  
  - Ms. Jedlicka?
  
  
  
  
  
  
  
  - Ms. Lawson?

## Dealing With Potentially Dangerous Situations

### Outcomes

As a result of completing this module, participants will:

- **Identify** situations that pose particular risk to the safety of children and family members;
- **Take** steps to protect children and family members in danger;
- **Recognize** situations that raise personal safety issues and **apply** strategies for reducing personal risk in those situations; and
- **Recognize and respond** appropriately to warning signs in the behaviors of family members.

### Key Concepts

The key concepts of Module 4, which support skills for dealing with potentially dangerous family situations, include:

- **Crisis situations may pose some degree of risk to the safety of family members and staff.** Since erratic, unpredictable behaviors can be characteristic of people in crisis, a crisis presents some risk to the safety of those involved in the situation. The potential for physical harm exists in any emotionally charged crisis situation; that potential should never be overlooked or discounted by staff.
- **Staff skills in handling a potentially dangerous situation shape intervention decisions.** Sometimes, staff find themselves faced with, or caught up in, a family situation that is too complex or too dangerous for them to address directly. At such times, it is critical for staff to recognize the situation is beyond their intervention abilities and to discuss alternatives with their supervisor.
- **Family situations (or family histories) involving child maltreatment, spouse abuse, emotional disorders, criminal acts, and/or substance abuse may require special safety measures.** The best predictor of impending danger is behavior. Safety measures are called for if a family member's current or past behavior includes violent/abusive acts, threats of harm, criminal activities, the use of addictive substances, signs of a serious emotional disorder, or threats of suicide. These measures are needed at several points in the intervention process: before face-to-face visits with the family, during face-to-face visits, and as part of referral and follow-up services.
- **Staff must always be aware of behaviors and situations that signal danger.** Some violent incidents may be predicted, but many helping professionals fail to recognize the signs of potential violence. Signs of loss of control and impending danger are not limited to expressions of anger

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and hostility. Instead, the signs include sensing that a situation is dangerous; knowing the family has access to guns or other weapons; awareness of violent acts or threats by family friends or relatives; and mounting tension, irritability, agitation, brooding, and/or limit-testing witnessed in family members.

- **The issue of staff safety can and must be addressed at many levels.** Because violence is becoming increasingly commonplace in our society, the very nature of work with highly stressed families calls for improved safety measures for Head Start staff. The threat of violence does not occur only in the homes of families, or in high-crime neighborhoods, but also in the seemingly secure surroundings of the workplace. Staff must feel and be safe if they are to support families. Work conditions favorable to violence prevention require action at management, supervisory, and personal levels.

## *Background Information*

With violence and other dangers escalating in the streets, in the workplace, and in the home, the issue of family and staff safety is one of mounting concern today. This module examines the issue of staff and family safety at a number of levels: risk assessment, the protection of family members, staff self-protective strategies, and program safety measures. This module prepares staff to assess fight and flight defenses and provides strategies for dealing with threatening behaviors.

### **Risk Assessment in Crisis Situations**

Prevention is the first line of defense against behaviors that place staff in danger. Prevention begins with education and program policies designed to prepare staff for dangerous encounters. All staff must be alert to signs of impending danger, know ways to avoid becoming entangled in a dangerous situation, and know how to escape from a threatening or violent person.

Crisis or emotionally charged situations may pose some risk to the safety of families and staff. To protect family members, as well as themselves, staff must be alert to danger or risk. First, be attentive to the psychological effects of a crisis. If a family exhibits any psychological effects, such as a bout of severe depression, a parent's refusal to take prescribed medication for an emotional disorder, impulsive behavior, or difficulty thinking clearly, there is reason to proceed cautiously. The crisis state is likely to intensify a family's past difficulties and increase current risks.

Second, the crisis itself may pose danger to family members or to staff. For example, a crisis brought on by spouse abuse, gang activity, unsafe living conditions, or a drug overdose suggests the children's safety may be at stake. There are also risks to the safety of adult family members in such situations, as well as to the safety of anyone who attempts to intervene.

Third, because a crisis can have a harmful impact on family members and family functioning, there is always some potential for danger. For example, overwhelming anxiety may undermine a parent's ability to exercise self-control when a child misbehaves, to complete routine parenting tasks, or to curtail hostile feelings toward those seen as causing the crisis. If a state of crisis continues without supportive intervention, there are additional risks. Family members may attempt to gain control over their anxiety through an array of destructive behaviors that increase the risks to everyone involved.

While the risks to the safety of families and staff cannot be predicted with absolute certainty, the risks are lessened when staff are aware of the danger signs. The **Danger Assessment Checklist**, presented in handout 1, is designed to alert staff to family behaviors and situations that suggest safety measures are called for.

It is equally important for staff to recognize "fight" and "flight" behavioral defenses. Fight and flight behaviors are natural ways people defend themselves and try to gain control over stressful situations. Fight defenses are spurred by the need to be the "winner," or to "out-do" or "one-up" someone else. Flight defenses are used to avoid painful feelings or situations. Although these two defenses are commonly seen in people in stressful or crisis situations, the behaviors that characterize them can be quite difficult to deal with. Handout 6 provides guidelines for handling these threatening behaviors effectively.

### Protection of Family Members

When risk assessment raises staff concern about the safety of family members, staff must take protective steps. The steps may range from consulting with supervisors about how to address the safety concerns directly (e.g., helping the family to acquire food or other life-sustaining resources) to requesting emergency intervention from community agencies (e.g., child protective services, law enforcement, paramedics). However, for the steps to be viable alternatives, they require groundwork at program management and supervisory levels.

A comprehensive Head Start approach to family safety includes:

- **Immediate staff access to professionals** with expertise in the areas of concern, such as child abuse and neglect specialists, health and mental health consultants, substance abuse treatment specialists, domestic violence experts, and law enforcement officers;
- **Working relationships** with child protective, family preservation, health, mental health, substance abuse, domestic violence, and law enforcement agencies in the community that permit and encourage joint Head Start-community agency home visits when family or staff safety issues arise;



- **Written program protocols**, in accord with state, local, and tribal laws, for reporting threats of violence, suspected child maltreatment, spouse abuse, and illegal activities to appropriate authorities;
- **Internal program mechanisms**, such as a Head Start crisis assessment and intervention team, available to guide and support staff in making decisions about family safety issues; and
- **Professional consultation opportunities** for staff to explore and deal with their own reactions to upsetting family situations, such as the abuse of a child or a parent's involuntary commitment to a mental hospital.

A comprehensive set of safety measures allows staff to be more effective in their work with families. Action must be taken at management, supervisory, and direct service levels to make family and worker safety a priority. An appropriate staff response in a dangerous situation is crucial to ensure personal and family safety. In a dangerous situation, staff should not work in isolation. Head Start resources, as well as resources in the broader community, must be available to assist staff whenever risky situations arise.

### **Staff Self-Protective Strategies**

Physical and verbal assaults against helping professionals are not a new or a rare phenomenon. Professional literature suggests four major themes associated with worker safety:

- Verbal and physical assaults against staff are on the increase across the country;
- Many human service programs have ignored the personal safety risks staff face in their work with families;
- Staff tend to overlook or discount on-the-job risks to their own safety; and
- Human service programs must make worker safety a policy and practice priority.

Activities in this module are intended to bring worker safety issues to the forefront in local Head Start programs. While some safety precautions require action at the program level (see the **Program Measures** section on page 98), there are a number of self-protective measures staff can implement on their own. These include:

- **Taking the time to assess the dangers in a crisis situation before meeting with the family.** Staff must ask themselves a basic question, "How dangerous is this crisis situation?" A review of family records, telephone conversations with family members about the crisis and its impact on the family, and discussions with co-workers about their experiences with the family all contribute to the risk-assessment process.



Reviewing handout 1, **Danger Assessment Checklist**, is one way staff can be more alert to impending danger.

- **Informing supervisors or others about home visiting plans.** Plans for home visits should always be made known to supervisors or other staff. As a routine, staff should record where they are going (e.g., the family's address and telephone number) and how long they expect to be there. If visiting plans change, staff should make sure their supervisors stay informed.

The Performance Standards emphasize the importance of visits in the home setting to maximize the personal interaction of staff with parents and children. However, the standards also encourage staff to take additional steps to involve their supervisors in decisions about home visiting plans when a family or neighborhood situation presents significant safety hazards. Joint decisions should be made about the safest private place to meet the family, who will be present during the meeting, and what staff will do if threatening circumstances arise during the meeting. Visits after normal working hours require additional planning decisions to make sure someone at Head Start knows the details.

- **Using formal/informal buddy systems.** Staff should not hesitate to call on a "buddy" to accompany them on a home visit. In fact, many human service programs now have policies that require or entitle staff to a buddy during potentially dangerous field activities. Buddies might be other Head Start staff or service providers from the community, such as mental health/crisis team workers, child protective services workers, visiting nurses, or any professionals already known to the family. In a situation that seems particularly dangerous, a police companion may be the most appropriate buddy. Generally, staff should always consider buddies when:
  - The family has a history of physical assaults or threats of violence, a criminal conviction involving the use of a weapon, or a disorderly persons offense;
  - There are reports of any form of family violence (e.g., child abuse, spouse abuse), and the alleged abuser lives in or close to the home;
  - A visit is to be made in a known drug-use location and/or a high-crime neighborhood; and
  - The family has recently experienced the involuntary removal of a child from the home.
- **Following home visiting safety guidelines.** Staff may inadvertently place themselves at risk of harm by not exercising common sense during home visits and trips through high-crime neighborhoods. Handout 4 on **Home Visiting Safety Precautions** spells out some of the ways staff can make their visits to the field safer.

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- **Learning appropriate self-defense strategies.** Encourage staff to learn appropriate self-defense strategies, which can range from carrying a whistle to practicing the martial arts.

## **Program Measures Aimed at Staff Safety**

Worker safety requires more than self-protective measures; to make worker safety a reality, local Head Start programs must adopt additional measures. Program measures aimed at staff safety include:

- **Creating a Head Start staff safety guidebook.** Armed with a safety guidebook, staff are in a better position to support families in crisis with less risk to their personal safety. Topics that could be included in the guidebook are indicators of potentially dangerous family or home situations, steps to alert all Head Start staff to the risks or dangers in a situation, tips for intervening with persons under the influence of alcohol or other drugs, optional safe and private settings for visiting families, buddy system policy and guidelines, and actions to take when threatening circumstances arise during family visits.
- **Providing mandatory safety training for Head Start staff.** Training devoted to worker safety in the field is strongly advised for all staff. Police officers are a good training resource. Training topics might include how to recognize and avoid potentially violent situations, how to recognize potentially dangerous physical layouts, how to avoid being cornered, and how to get out of high-risk situations.
- **Forming a Head Start staff safety committee.** A safety committee, composed of staff representing different job positions and management, is a good vehicle for making improved worker safety a program priority. Local program measures to improve worker safety, recommended by a safety committee, could be to install a security system at the program site, tighten procedures for screening program visitors, establish protocols to handle medical and other emergencies at the program site, and provide shuttle services, transporting workers to their cars when they are parked in a high-crime or remote area.
- **Determining protocols for assisting staff who are victims of violence.** Dangerous family situations take an emotional toll on staff. Signs that the staff member's optimism and objectivity needed for family intervention are waning include:
  - Feelings of exhaustion, being "bogged down" or "burned out";
  - Not involving families in decisions or plans affecting them;
  - Feelings that a family does not really want to change or has very few, if any strengths;
  - Thinking or worrying constantly about a family;
  - Blurred boundaries between the family's situation and situations staff have experienced themselves;

- A desire to "hang on" to a family, even though it is time to end the relationship; or
- A great need to be successful, and maintain or stabilize the family at all costs, even when family and personal safety are at stake.

Help from supervisors and co-workers to deal with feelings stirred by a dangerous situation is an essential program component. Concern must be shown for staff who experience the pain and trauma of an assault or intimidating threat. Ways that management can show sensitivity to the needs of staff include providing information on medical and therapeutic resources available to help staff recover from the trauma, arranging for a buddy to accompany a victimized worker on field visits, and establishing program provisions that give a victimized worker immediate access to a trained trauma counselor.

- **Utilizing communication systems.** In line with the technological breakthroughs of recent years, cellular phones, car phones, two-way radios, pagers, and push-button call-for-assistance devices offer Head Start staff readily available means of communication. These communication systems not only help to ensure staff safety, but also make it possible for staff to get emergency help for families while in homes without telephones.

### *Instructions*

Find out about state, local, and tribal family violence reporting laws and the local Head Start program's approach to family safety prior to conducting this training. Specific information on the program's policies with regard to safety will help to establish the context for discussions during the training. If gaps are found in the local program's approach to safety, program managers and supervisors should be encouraged to work toward closing them.

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## Activity 4-1: Identifying High-Risk Situations



### Preparation

**Purpose:** To enhance staff skills in recognizing and responding to potentially dangerous situations that jeopardize the safety of Head Start families.

For this activity, you will need:

- Handout 1: *Danger Assessment Checklist*
- Handout 2: *Family Vignettes*
- Newsprint/Markers/Tape

1. (a) *Introduction.* Begin the activity by asking staff whether they have ever had any frightening experiences in their work with families. Encourage staff to explore times when they may have feared for the safety of a child, an adult family member, or themselves.  
  
(b) Point out that some family situations are potentially dangerous; this activity is designed to sharpen staff skills in identifying and handling those situations.
2. (a) *Explore family behaviors and situational factors that signal danger.* Starting with the work examples presented by staff in step 1(a), develop and record two lists with staff:
  - Danger signs in family situations.
  - Danger signs in family member behaviors.  
(b) Ask staff to review handout 1 for additional examples. Emphasize that staff must always be alert to the danger signs they listed, as well as those presented in the handout; when danger signs exist, safety measures must be taken.
3. *Assess the risk to family and staff safety in the sample vignettes.* Refer staff to handout 2 and, taking one vignette at a time, raise the following questions for discussion:
  - What are your immediate reactions to this situation? What do your instincts tell you to do?
  - What crisis does the family's behaviors or situation suggest?
  - What other information would help you to assess the risks in this situation? How would you get that information?
  - What do you see as your role in this situation? Who else would you involve?

4. *Identify measures to ensure family safety.* Ask staff to select one of the vignettes from handout 2 and specify the steps they would take to reduce the risk of danger. As the steps are identified, list them on newsprint. Make sure staff consider assistance from co-workers and community service providers. For example, in the Waverly family vignette, which suggests a mother is severely depressed, staff might seek consultation from the community mental health center or ask a mental health consultant to join them on a home visit.
5. (a) *Make plans to implement the family safety measures.* Once the list in step 4 is completed, encourage staff to raise issues regarding the implementation of the safety measures. Discuss gaps in the Head Start program's approach to family safety, as raised in the **Protection of Family Members** section of the module's background information. For example, returning to the vignette of the severely depressed mother, staff may see a need for Head Start to develop or improve a partnership with the community mental health center.  
  
(b) Have staff select at least one of the implementation issues raised in step 5(a) to pursue for homework. Staff should develop an initial plan for resolving the issue(s): that is, two or three immediate steps they will take toward making the family safety measure a real option in their work with families. Set up a time to meet with staff again.
6. *Debrief the homework assignment.* Review the plan developed by staff and discuss its implementation.
7. *Closing.* In bringing the activity to a close, emphasize that instincts about a family, a home visit, or a neighborhood should always be heeded by staff; when staff sense impending danger or a situation that may be beyond their ability to handle, they should always seek out their supervisor for advice on how to proceed.

## Activity 4-2: What Would I Do, If . . . ?



**Purpose:** To increase staff skills in identifying, developing, and using safety measures.

### Preparation

For this activity, you will need:

- Handout 1: *Danger Assessment Checklist*
- Handout 3: *Plans for Improved Safety*
- Newsprint/Markers/Tape

1. (a) *Open the activity.* Explain that this activity provides staff with the opportunity to share ideas and develop plans for dealing with potentially dangerous situations.

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- (b) Emphasize that family situations sometimes present risks to the safety of family members and staff. Using the module's background information, provide an overview on assessing a crisis situation. Distribute handout 1 and state that it provides staff with a guideline for assessing behaviors and situations that suggest safety measures are called for.
2. *Explore staff options for handling situations that signal danger.* Ask for a volunteer to record the group's responses to a series of "What would I do, if . . ." brainstorming questions. Explain that there are no right or wrong answers to the questions; you want staff to call out whatever they think of first, regardless of whether it is something they would really do. Lead the group through brainstorming responses to each question below. Allow a few minutes for each question.
- **What would I do if:** I arrived for a home visit and found the mother high on drugs?
  - **What would I do if:** A grandmother told me her son was beating his wife?
  - **What would I do if:** A parent started to curse at me during a home visit?
  - **What would I do if:** A mother told me she was too depressed to take care of her baby?
  - **What would I do if:** A child refused to tell me how he got bruises on his face?
  - **What would I do if:** A family in crisis lived in a high-crime neighborhood?
  - **What would I do if:** A family in crisis lived in an extremely isolated location?

**Trainer Preparation Note:** Before the session, you may want to write the brainstorming questions on separate sheets of newsprint. During the activity, show and read only one question at a time.

3. *Explore the options for responding to the situations.* Ask the recorder to go over the responses to the brainstorming questions. Develop two lists on sheets of newsprint: 1) responses to reduce risk to the family, and 2) responses to reduce risk to staff. Encourage staff to share their experiences with regard to the responses; that is, state what has worked well and what hasn't. Emphasize that each family situation is unique and requires the selective use of safety measures.

4. *Prepare staff for an activity.* Using the module's background information, provide staff with an overview on self-protective and program measures aimed at staff safety. Next, give examples of both self-protective measures and program measures; as each measure is presented, ask staff to indicate by a show of hands whether they see a need for improvement.
5. *Have staff develop safety plans.* Refer staff to handout 3 and go over the instructions. Divide staff into small groups of five to seven members each. Explain that the large group will reconvene in 50 minutes.
6. *Debrief the small group planning exercise.* After approximately 50 minutes, ask staff to rejoin the large group for the presentation of their safety plans. Ask for a brief report from each group. Encourage staff to ask questions or make comments about the safety plans.
7. *Closing.* In bringing the activity to a close, summarize highlights from the debriefing. Encourage staff to carry out their plans for improved safety. Conclude the activity with the following points:
  - While safety issues may arise at any time during the intervention process, staff must be particularly alert to warning signs before and during the first visits with a family. When assessment information and observations suggest threatening or volatile family behaviors, child maltreatment, spouse abuse, mental illness, criminal acts, access to guns and other weapons, and/or substance abuse or drug dealing, safety measures are imperative.
  - A comprehensive set of safety measures allows staff to be more effective in their work with families. Action must be taken at all program levels to make family and worker safety a priority.
  - Prevention is the first line of defense against behaviors that place staff in danger. Prevention begins with education and program policies designed to prepare staff for dangerous encounters. All staff must be alert to signs of impending danger, know ways to avoid becoming entangled in a dangerous situation, and know how to escape from a threatening or violent person.
  - Family situations posing danger take an emotional toll on staff. Signs that the staff member's optimism and objectivity are waning include:
    - Feelings of exhaustion, being "bogged down" or "burned out";
    - Not involving families in decisions or plans affecting them;
    - Feelings that a family does not really want to change or has very few, if any, strengths;
    - Thinking or worrying constantly about a family;
    - Blurred boundaries between the family's situation and situations staff have experienced themselves;

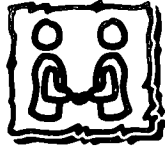


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- A desire to "hang on" to a family, even though it is time to end the relationship; or
- A great need to be successful; trying to maintain or stabilize the family at all costs, even when family and personal safety are at stake.

## Activity 4-3: Developing a Plan for Personal Safety



**Purpose:** To increase staff use of personal safety precautions in the course of their work with families.

### Preparation

For this activity, you will need:

- Handout 4: *Home Visit Safety Precautions*
  - Handout 5: *My Plan for Safety*
  - Newsprint/Markers/Tape
1. *Prepare staff for the coaching activity.* Explain that in this activity staff will develop plans aimed at ensuring their own safety. Emphasize that family changes over the past ten years have created a host of challenges for staff; increased substance abuse, domestic violence, adolescent gang membership, as well as an upsurge of crime nationwide, have made work with families less predictable and more dangerous.
  2. *Discuss and assess safety precautions currently employed by staff.* Explore safety precautions currently practiced by staff. Some topics of discussion might include:
    - Assessing the dangers in a family situation before a home visit;
    - Informing supervisors of home visiting plans;
    - The use of buddy systems;
    - Home visiting precautions; and
    - Self-defense strategies.
  3. *Expand upon home visiting precautions.* Refer staff to handout 4 and go over the suggested safety strategies. Also, discuss the strategies staff do not currently use.
  4. *Encourage the development of a staff plan for improved personal safety.* Based upon the outcome of discussions in steps 2 and 3 above, point out areas where staff can take additional safety precautions. Refer staff to handout 5. Give staff a few minutes to go over the questions in **part 1** of the handout and then turn staff attention to **part 2**. Work with staff to list steps aimed at keeping themselves safe. Explore any barriers to implementing the steps and ways to resolve the barriers.



5. *Close the activity.* In closing, suggest staff present their plans to co-workers to encourage them to also use safety precautions in their work. Offer to meet again with staff to discuss progress in carrying out their safety plans.

## Activity 4-4: Strategies for Dealing with Threatening Behaviors



**Purpose:** To prepare staff for dealing with threatening behaviors.

### Preparation

For this activity, you will need:

- Handout 6: *Guidelines for Handling "Fight" and "Flight"*
- Handout 7: *Skit Scenarios*
- Skit Name Tags
- Newsprint/Markers/Tape

1. *Introduce the activity.* Explain that this activity is designed to prepare staff for handling angry family members. To engage staff in the topic, ask these questions:

- In your work with families, have you ever been caught off-guard by a parent's words or actions? Tell us about the experience.
- During a home visit, have you ever found yourself getting angry or upset about a parent's behavior? Tell us about the behavior and your reactions.

2. *Develop linkages between staff experiences and fight and flight behavioral defenses.* Point out that many of the experiences shared by staff are examples of "fight" or "flight" defenses. Although these two defenses are commonly seen in people in stressful or crisis situations, the behaviors that characterize them can be quite difficult to deal with. Continue with the points below:

- Fight defenses are spurred by the need to be the "winner," to "out-do" or "one-up" someone else. Behaviors that are characteristic include:
  - Loud demanding talk;
  - Verbal abuse;
  - Very dramatic or wild gestures;
  - Arguments about unimportant or routine matters; and/or
  - Agitated speech or body language.
- Flight defenses are used to avoid painful feelings or situations; characteristic behaviors include:

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- Withdrawing from conversation;
- Having a flat, blank, or mask-like facial expression;
- Changing the topic of conversation;
- Maintaining a tense and rigid body posture;
- Remaining silent for long periods of time;
- Focusing on issues from the past, rather than dealing with the "here and now"; and/or
- Rationalizing or intellectualizing the "here and now" issues.

**Trainer Preparation Note:** Sometimes, staff mistake cultural difference for "fight" or "flight" behaviors they see in family members; therefore, it is important for staff to know when a behavior is culturally-based and when it is not. Advise staff to seek out consultation whenever they are unsure.

3. *Identify strategies for dealing with fight and flight behaviors.* Refer staff to handout 6 and allow a few minutes for review. Encourage staff to ask questions, make comments, or share work experiences related to the handout.
4. *Initiate small group skits.* Explain that staff will divide into small groups to prepare skits. Distribute handout 7 and name tags. Divide staff into small groups of three to four members each. Go over the instructions, making sure each handout scenario is selected by at least one small group.
5. (a) *Watch and debrief the skits.* After 30 minutes, reconvene the large group and begin the skit presentations. Once the first skit is completed, raise the following questions:
  - What fight or flight behavior struck you as most threatening to handle?
  - How did staff respond to the behavior or situation?
  - What happened as a result?(b) After a few minutes for discussion, move on to the next skit and repeat the process. Continue until all skits are presented and debriefed.
6. *Closing.* Recap highlights from the skits and the discussions. Reinforce the ways staff can reduce risks to personal safety during home visits. Remind staff to:
  - Be on the alert for escalating fight behaviors, as well as body signs of mounting aggression.

- Trust their instincts; if a family's behaviors cause fear about personal safety, prepare to leave calmly.
- Allow family members enough time and freedom to express feelings and opinions, to "blow off steam."
- Give themselves and family members time to think and to get feelings under control.
- Refrain from arguing, giving advice, or expressing personal feelings.
- Offer family members choices and alternatives for coping more effectively with the crisis.
- Take responsibility for their own behavior, such as apologizing for a late arrival.
- Selectively ignore verbally abusive or destructive statements made by a family member; reply only to constructive statements.
- Stay near a door exit during the visit and keep car keys accessible.

## Activity 4-5: Responding to "Fight" and "Flight" Behaviors



**Purpose:** To prepare staff with practice in handling fight and flight behaviors.

### Preparation

For this activity, you will need:

- Handout 6: *Guidelines for Handling "Fight" and "Flight"*
  - Handout 7: *Skit Scenarios*
  - Newsprint/Markers/Tape
1. *Introduce the activity.* Explain that this activity is designed to develop staff strategies for handling angry or upset family members.
  2. (a) *Discuss staff experiences with fight and flight behaviors.* Point out that staff have probably seen "fight" and "flight" behaviors in their own families. Explain that fight and flight behaviors are natural ways people defend themselves and try to gain control over stressful situations. When these behaviors surface in Head Start families, staff may become upset or feel unsafe; knowing how to respond appropriately to these behaviors is an important staff skill.  
  
(b) Ask staff to describe times when they have felt threatened by someone's words or actions.

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(c) Point out that many of the experiences shared by staff are examples of fight or flight defenses. Although these two defenses are commonly seen in families in stressful or crisis situations, they can be very difficult to deal with. State that:

- Fight defenses are spurred by the need to be the "winner," to "out-do" or "one-up" someone else. Behaviors that are characteristic include:
  - Loud demanding talk;
  - Verbal abuse;
  - Very dramatic or wild gestures;
  - Arguments about unimportant or routine matters; and/or
  - Agitated speech or body language.
- Flight defenses are used to avoid painful feelings or situations; characteristic behaviors include:
  - Withdrawing from conversation;
  - Having a flat, blank, or mask-like facial expression;
  - Changing the topic of conversation;
  - Maintaining tense and rigid body posture;
  - Remaining silent for long periods of time;
  - Focusing on issues from the past, rather than dealing with the "here and now"; and/or
  - Rationalizing or intellectualizing the "here and now" issues.

**Trainer Preparation Note:** Sometimes, staff mistake cultural difference for "fight" or "flight" behaviors they see in family members; therefore, it is important for staff to know when a behavior is culturally-based and when it is not. Advise staff to seek out consultation whenever they are unsure.

3. (a) *Review guidelines for handling fight and flight behaviors.* Distribute handout 6 and review the suggestions presented.

(b) Distribute handout 7 and ask staff to read skit scenario #1. After staff read the skit, ask:

- Have you ever encountered a similar situation in your work with families?
- What fight or flight behavior depicted in the scenario struck you as most challenging to handle?
- How would you respond to the behavior?
- What might happen as a result?

- Which handout 6 strategies might work better?
  - (c) Continue reading and asking the above questions for each skit.
4. (a) *Recap highlights from the discussions.* Reinforce the ways staff can reduce risks to personal safety during home visits. Remind them to:
- Be on the alert for fight behaviors, as well as signs of aggression.
  - Trust their instincts; if a family's behaviors cause fear about personal safety, prepare to leave calmly.
  - Allow family members enough time and freedom to express feelings and opinions, to "blow off steam."
  - Give themselves and family members time to think and get feelings under control.
  - Refrain from arguing, giving advice, or expressing personal feelings.
  - Offer family members choices and alternatives for coping more effectively with the crisis.
  - Take responsibility for their own behavior, such as apologizing for a late arrival.
  - Selectively ignore verbally abusive or destructive statements made by a family member; reply only to constructive statements.
  - Stay near a door exit during the visit and keep car keys accessible.
- (b) Point out to staff that they can use the strategies on handout 6 for defusing a potentially dangerous situation. Reinforce that these strategies don't always come naturally, but they can be developed with practice.
- (c) Have staff look over handout 6 again. Discuss any strategies staff might find difficult to carry out. Offer staff the opportunity to try out those strategies with you through improvised skits or role plays.
5. *Assign homework.* For homework, ask staff to practice using the strategies in handout 6 with their families, co-workers, and friends. Have staff keep a two-week log on their experiences trying out the strategies. Set up a time to meet with staff in two weeks.
6. *Debrief the homework assignment.* When you meet again with staff, discuss the practice homework experiences and the outcomes.
7. *Closing.* Encourage staff to continue practicing the strategies in their personal and professional relationships, and in their work with families.

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*Next Steps:  
Ideas to  
Extend Practice*



Follow-up strategies to reinforce the concepts and skills taught in Module 4 are presented below. After completing Module 4, review the strategies with staff and help them choose at least one strategy to work on individually or as part of a small group.

## ■ Enhancing Skills in Identifying Children at Risk of Harm

Children are often at risk of harm in family situations involving suspected child maltreatment, substance abuse, and/or domestic violence. Therefore, it is critical for staff to know the behavioral indicators of: 1) physical child abuse and child neglect; 2) emotional child abuse and neglect; 3) child sexual abuse; 4) the abuse of alcohol or other drugs; and 5) the abuse of spouses/partners.

Have staff select a situation from the list of five above that they would like to learn more about. Ask staff to develop and carry out a plan to improve their skills in recognizing behaviors in children/adults that suggest this problem exists in a family. Planning steps might include reading professional literature on the selected topic; participating in training programs/ workshops/conferences designed to increase identification skills; interviewing professionals who are experts in the identification of child maltreatment, substance abuse, or domestic violence; and discussing actual Head Start family situations with colleagues and consultants to weigh the risks.

## ■ Developing Skills in Assertive Communication

As one means for dealing effectively with provocative/hostile/volatile behaviors, have staff form a peer support group, composed of co-workers/colleagues, to study and practice skills in assertive communication. To begin, suggest group members learn more about the basics of assertive communication by reading professional literature on the topic and/or having an expert on the topic meet periodically with the group. Next, suggest group members practice assertive communication techniques by applying them to potentially dangerous situations they have actually encountered in their jobs or in other areas of their lives. For example, group members might take turns presenting threatening situations and rehearsing ways to handle them.

## ■ Forming Community Partnerships

Have staff evaluate the nature and extent of Head Start's working relationships with key public agencies providing crisis intervention and/or emergency services, such as child protective services, family preservation programs, mental health, law enforcement, battered women's shelters

Suggest these questions to guide the evaluation:

- Do written inter-agency agreements or protocols exist that describe, in detail, how and when Head Start staff are to call for assistance or backup?
- Do staff know key personnel in the public agencies, that is, colleagues they can call on for consultation or advice?
- Have buddy systems been established with the public agencies, allowing Head Start staff to request a buddy to join them on a home visit?
- Are staff clear about when and how to report suspected child maltreatment and other forms of family violence to the appropriate public agency?
- What vehicles exist for staff to document and report assaults or threats made against them in the course of carrying out their work duties?

If the evaluation shows that working relationships with the public agencies could be improved, or that staff are not making use of the public agencies' resources, suggest staff share the findings with Head Start program managers or supervisors and explore solutions.

## ■ Increasing Self-Awareness Skills

Suggest staff establish an ongoing peer support group or a mentoring relationship with a mental health or crisis intervention consultant for the purpose of exploring and coping with personal reactions to unsafe family situations. Emphasize the important role that self-awareness has in setting boundaries with families, remaining calm and objective during face-to-face visits, maintaining relationships with families after a dangerous episode has passed, and preventing worker burnout.

## Handout 1: Danger Assessment Checklist

### Overview

*The following questions identify a number of danger signs in the situations and behaviors of individuals/families in crisis. When danger signs exist, safety measures may be necessary to protect family members and/or staff. Danger signs should be assessed prior to, during, and after contacts with families.*

### SITUATIONS

- ☐ Does the family have a history of child abuse/neglect or other forms of family violence?
- ☐ Is there any information to suggest a family member is (or may be) emotionally unstable?
- ☐ Is there any information regarding the family's access to guns or other weapons?
- ☐ Does the family live in an extremely isolated location? In a dangerous neighborhood?
- ☐ Does the family keep any dangerous animals in the home or yard?
- ☐ Does the home environment appear unsafe for the child(ren) due to deteriorating physical conditions or a lack of other basic necessities?
- ☐ Are there any indicators to suggest the family may flee from the home/community? A parent may flee with a child(ren)?
- ☐ Do you sense that the family situation is unsafe? Are your instincts signaling danger?

### BEHAVIORS

- ☐ Is violent or aggressive behavior exhibited by family, friends, and/or relatives?
- ☐ Is substance abuse or drug dealing an issue in the family?
- ☐ Has an adult family member ever shown sharp mood swings or other types of volatile behavior?
- ☐ Has an adult family member ever made verbal threats, screamed, or cursed at you? Other Head Start staff? Other persons in authority?



## Handout 1: Danger Assessment Checklist (continued)

### BEHAVIORS (continued)

- ☐ Has an adult family member ever caused property damage at home or elsewhere during an outburst of anger?
- ☐ Has an adult family member ever physically assaulted anyone?
- ☐ Has an adult family member ever been arrested for physical assault, disorderly conduct, or property damage?
- ☐ Is any family member threatening to harm himself/herself or someone else?
- ☐ Have there been any reports of reckless driving on the part of a family member?
- ☐ Has a family member ever talked about committing a violent act?
- ☐ Has a family member ever expressed fears or concerns about losing control, taking a drug overdose, or harming someone?
- ☐ Do a family member's words or actions suggest being out of touch with reality? Being suicidal? Being severely depressed?
- ☐ During conversations with family members, have you noticed any bodily signs of escalating aggression such as changes in skin color, breathing patterns, or posture?
- ☐ During conversations with family members, have you noticed a marked increase in angry, brooding, or sullen behavior; irritability; verbal outbursts; pacing; restlessness; agitation; or testing limits?
- ☐ Have the behaviors of any family member ever frightened you?

## Handout 2: Family Vignettes

### Instructions

*As you review the following vignettes, think about these questions:*

- *What are your immediate reactions to this situation? What do your instincts tell you to do?*
- *What risks do the family's behaviors or situation suggest?*
- *What other information would help you assess the risks in this situation? How would you get that information?*
- *What do you see as your role in this situation? Who else would you involve?*

### **FAMILY VIGNETTE #1: THE GORDON FAMILY**

Ms. Gordon is a 22-year-old single mother who has two children in Head Start, Zachary and Samantha. She arrived at Head Start one afternoon last week, appearing very upset and with her eyes swollen from crying. However, when asked how she was, Ms. Gordon insisted she was "doing okay." At dismissal time, Ms. Gordon seemed quite abrupt with her two children, pushing them into the car and driving off very recklessly. The children have not been back to Head Start since that day.

### **FAMILY VIGNETTE #2: THE ELLIOT FAMILY**

Mr. Elliot's wife "took off" about two months ago, leaving him to take care of their five-year-old son, Teddy. Although Mr. Elliot was once dependent on illegal drugs, he went for treatment and says he broke the habit. One of Mr. Elliot's neighbors (also a Head Start parent) has expressed some concern about the Elliot family. She says that Teddy is always hungry when he comes to play with her son. And last week, Teddy came to play when he was obviously sick with the flu. While Mr. Elliot always seems loving toward his son, the neighbor thinks something is just not right about the way he's acting.

### **FAMILY VIGNETTE #3: THE CALDOR FAMILY**

Mrs. Caldor recently separated from her husband after filing charges against him for physical assault. To protect herself and her three children from her husband, she moved back to her parents' home. She instructed Head Start staff not to allow Mr. Caldor to see the children or to pick them up. Mrs. Caldor now wants Head Start to help her and the children get re-settled in a new home. She is very worried that Mr. Caldor will try to hurt her again.

## **Handout 2: Family Vignettes (continued)**

### **FAMILY VIGNETTE #4: THE WAVERLY FAMILY**

Mr. and Mrs. Waverly recently announced the birth of their fourth son, Max. During a home visit to welcome the new baby, a Head Start staff member chatted with Mr. Waverly, who was very busy taking care of the children. Mr. Waverly explained that his wife was upstairs in bed. Her recovery from Max's birth has been very slow, and she seems not to care about Max or any of the children. Mr. Waverly added that his wife spends most days crying but can't tell him what's wrong. He hasn't been able to go to work for a week, the bills are piling up, and his boss expects him to be back to work on Monday.

### **FAMILY VIGNETTE #5: THE QUINTON FAMILY**

The Quinton family is new to Head Start, enrolling their three-year-old twins just one week ago. Both Mr. and Mrs. Quinton work full-time. A home visit is scheduled for today after working hours (8 pm). The Head Start family service worker, who is making the home visit, knows the family lives in a dangerous neighborhood with heavy drug trafficking.

### **FAMILY VIGNETTE #6: THE CARMEN FAMILY**

Mr. and Mrs. Carmen are foster parents to Ricky, who is four and in Head Start. Ricky came to the Carmen's home three years ago after child protective services took custody of him. Ricky's birth parents have visited him regularly and they want him returned home; the Carmens want to adopt Ricky. A court hearing to review Ricky's situation in foster care is scheduled for next month. Both sets of parents are asking Head Start to testify in court on their behalf. In just the last week, Ricky has started to throw temper tantrums daily at Head Start, refuses to get involved in group activities, and curses when he doesn't get his way.

### **FAMILY VIGNETTE #7: THE MARLOW FAMILY**

The Marlow family is in a constant state of crisis. Mr. Marlow drinks heavily, sometimes going on week-long binges. Mrs. Marlow, who is a faithful Head Start parent volunteer, told the Head Start teacher that her husband ended up in jail last week after getting into a bar fight. He called her last night and was so depressed that he threatened suicide. Mrs. Marlow is certain that her husband learned his lesson this time; she needs money to bail him out of jail and pleads for a loan from the Head Start teacher.

## Handout 3: Plans for Improved Safety

### Instructions

*Appoint a facilitator and a reporter for your group. Begin the safety planning process by spending about 10 minutes discussing this question: **What dangers do we worry about or face most often in our work?** Make sure the reporter writes down the group's responses. Then, move on to the safety plan outline, below. Your group has 50 minutes to complete the safety plan. Afterwards, the large group will reconvene to hear reports from the small groups.*

### Safety Plan

**Step 1:**      **Set Priorities.** Go over the group's responses to the discussion question: **What dangers do we worry about or face most often in our work?** As a group, decide which danger or dangers you want to focus on in this activity. Make sure you consider worksite dangers (e.g., inadequate outside lighting, isolated parking spaces, no system for monitoring visitors); dangers found in family situations (e.g., homes in high-crime or isolated locations, suspected drug trafficking, reports of family violence); and dangers posed by family behaviors (e.g., threats made against staff or others, substance abuse, hostility) that were discussed by your group.

We have decided to focus our action plan on this danger(s):

---

**Step 2:**      **Discuss and Select Safety Measures.** As a group, discuss self-protective and program safety measure options for reducing the danger(s) selected in step 1. Below are some possibilities to consider.

- |  |   |
|--|---|
| ■ A Head Start "Staff Safety Guidebook"  | ■ Appropriate self-defense strategies   |
| ■ Program policies and protocols directed at family and worker safety                            | ■ Collaborative partnerships with key agencies (e.g., child protective services, family preservation programs, mental health, law enforcement, battered women's shelters)                   |
| ■ A Head Start "Staff Safety Committee"  |   |
| ■ Worksite safeguards (e.g., outdoor/indoor security improvements, easily accessible telephones) | ■ Safety training for all Head Start staff (e.g., how to recognize and avoid potentially violent persons/environments, how to avoid being cornered, how to get out of high-risk situations) |
| ■ Buddy systems  |   |
| ■ A Head Start Crisis Assessment Team  | ■ Communication systems for staff in the field (e.g., program sign-out and sign-in logs, cellular phones, pagers)   |
| ■ Professional consultation on high-risk situations  |   |

**Handout 3: Plans for Improved Safety (continued)**

**Step 2:**      **Discuss and Select Safety Measures (continued).** List the self-protective and program safety measure(s) your group wants to pursue here:

- 1.
- 2.
- 3.

**Step 3:**      **Identify and Assign Tasks.** As a group, discuss what you must do and who you must involve to make the safety measure(s) a reality. In the space below, list the tasks the group member(s) who will complete them, and target dates for completion.

<i>Task</i>	<i>Assigned To</i>	<i>Target Date</i>
1.		
2.		
3.		
4.		
5.		
6.		

**Step 4:**      **Evaluate Progress.** A good plan of action is open to discussion and change. As a group, decide when you will meet again to review progress.

Record the date set for the next meeting here: \_\_\_\_\_  
\_\_\_\_\_

## Handout 4: Home Visit Safety Precautions

### Overview

*Below are some tips for keeping yourself safe when making home visits.*

- Always make sure someone at Head Start knows your visiting schedule, including the family's name, address, telephone number, the date and time of your visit, and when you expect to return.
- If an upcoming home visit presents significant safety hazards, talk with your supervisor or a trusted co-worker before you make the visit. Consider alternative private sites for visiting with the family, take a buddy, or agree on a check-in time.
- Know what behaviors in others set you off or provoke you, and ways you can respond to the behaviors without placing yourself in danger.
- If you are unfamiliar with the neighborhood surrounding the family's home, take time to learn about it so that you know what to expect. Identify the safest routes for getting there and back, and resources for getting help, if needed.
- Make sure your car is in good running condition, has enough gas, and is kept locked at all times; keep a flashlight and a first aid-kit in your car; back your car into parking spaces.
- Do not park your car in someone's assigned parking space, or block anyone's access to his/her car.
- Wear clothes and shoes that make a quick escape possible; keep your car keys in your pocket or hand—not in your purse.
- Leave your valuable possessions at home; don't make yourself a target by carrying a purse, having valuables in your purse, or wearing expensive jewelry.
- Take dog biscuits along to calm excited/aggressive dogs.
- Act confident and sure of yourself; ignore provocative comments or behaviors; keep your hands free; don't walk through a group of people standing together on the sidewalk/street.

## Handout 4: Home Visit Safety Precautions (continued)

- Get to know someone who lives or works in the community surrounding the family's home—someone you could go to for help, if needed.
- Trust your instincts regarding impending danger. Stay attuned to signals in your body that suggest you are feeling anxious and need to take action, such as rapid heart beat, cold sweat, dry mouth, shaking, and upset stomach.
- If you feel frightened or unsafe during a home visit, listen to your feelings, remain calm but leave as quickly as possible.
- During potentially dangerous home visits, position yourself near a door leading to the outside; don't get between family members who are angrily confronting each other; ask for a glass of water to give upset family members time to "cool off."
- Don't reveal information about yourself or your family that could increase the risk of being harmed by someone.
- If a family member becomes verbally abusive or agitated, respond calmly and quietly with "I" messages, such as "I know you are feeling angry about . . . ." Keep your statements matter of fact, simple and direct. Keep a physical distance of at least three feet. Don't reach out to touch the person, don't stand in front of him/her, don't turn your back to the person, don't get up from a chair while the person is sitting, or don't try to leave too abruptly.
- Immediately report any dangerous or threatening incidents experienced during a home visit to your supervisor.

## Handout 5: My Plan for Safety

### Instructions

*This activity focuses on your personal safety; it encourages you to take a close look at what you do now to keep yourself safe, and what you can do. Go over the safety measure questions in part 1; these questions will help you decide on safety measures you can improve upon. Then go to part 2 and develop a plan aimed at keeping yourself safe.*

### Part 1: *Safety Measure Questions*

- ☐ Do you know what danger signs to look for in behaviors or situations?
- ☐ Do you routinely assess the risks to your own safety before you make a home visit?
- ☐ When you identify risks to your personal safety, do you always share your concerns with your supervisor or co-workers before you go into the field?
- ☐ Do you routinely let someone at Head Start know your home visiting plans?
- ☐ Do you ask your supervisor, a co-worker, or someone else to be your "buddy" or companion on potentially dangerous visits to families?
- ☐ Do you keep yourself prepared for the unexpected by taking routine safety precautions? (Take another look at handout 4.)
- ☐ Have you had the opportunity to learn and practice appropriate self-defense strategies?
- ☐ Do you always discuss frightening or upsetting home visits with your supervisor? Do you alert other Head Start staff?
- ☐ Are you "open" to assessing your own feelings and behaviors (that is, those that may be clouding your ability to keep yourself safe)?

### Part 2: *Safety Planning Steps*

List the steps you can take to improve your safety:

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |



## Handout 6: Guidelines for Handling "Fight" and "Flight"

### Overview

*"Fight" and "flight" behaviors are natural ways people defend themselves and try to gain control over stressful situations. When the behaviors surface in people we are trying to help, we may become quite anxious, provoked, or frustrated. While we may feel less safe when confronted with fight behaviors, people who express angry feelings through flight behaviors may actually be a bigger safety threat. Below are some suggestions for handling fight and flight behaviors effectively.*

### **GUIDELINES FOR HANDLING FIGHT BEHAVIORS**

- Present yourself as being a calm, relaxed, and confident "helper"—someone who is in control of himself/herself and can keep the situation from getting out of control.
- Speak in a low tone of voice.
- Maintain a matter-of-fact attitude; don't appear bossy, demanding, threatening, lecturing, accusing, or brusque.
- Suggest that everyone sit down to talk.
- Make sure you explain your role clearly, since some fight behaviors may be due to confusion about your intentions.
- Give the person "space" by keeping a distance of about three feet, breaking eye contact, and respecting silence.
- Recognize upset/angry/resentful feelings and give the person time to vent and de-stress.
- Stay in tune with your non-verbal messages; unknowingly, you may be encouraging the fight behaviors by acting cold and detached, tense, agitated, angry, or afraid.
- Let the person know there are acceptable escape routes for changing or ending the discussion. ("I hear how angry you are right now. Do you think it would be better for you if we took a short break or talked at another time?")
- Use "I" messages to present positive alternatives and to define the limits. ("I think there are a number of ways Head Start could help your family. I'd like to tell you about them and hear what you think sounds best.")
- Suggest that you get off to a fresh start together by talking about other topics, such as family support resources.
- Point out and reinforce the strengths in the family and in individual family members.

## Handout 6: Guidelines for Handling "Fight" and "Flight" (continued)

### **GUIDELINES FOR HANDLING *FLIGHT* BEHAVIORS**

- Be as supportive as possible. Make positive statements about the family's strengths, suggest alternatives for resolving the crisis, let the person know you will stick by him or her until the end of the crisis.
- Encourage the expression of painful emotions. ("I'd like to hear more about how you're feeling right now . . . I understand how angry/sad you are, I would feel the same way.")
- Repeat key questions or ideas several times to keep the conversation focused on the issues at hand.
- Explain the consequences of the flight behaviors honestly and directly. ("I think I can help your family, if you give me a chance." "I have to hear what you want to do about this in order to help.")
- Let the person know you are confident about his/her ability to overcome the crisis. Point out successes, strengths, and resources, as well as constructive steps that can be taken now.
- Use reframing to shift a person's views about life events from the negative to the positive.
- Help the person feel in control of life by encouraging decision making. ("You and I could go to the food stamp office together, or you could go by yourself. Which sounds better to you?")
- Point out the person's options for handling the situation. ("Since you want to stop drinking, you could join Alcoholics Anonymous or get counseling at the substance abuse treatment center.")
- Let the person know you believe he/she is important, deserving, and capable. ("Anyone would have a hard time handling this; you'll be able to get everything straightened out with the resources available to your family.")

## Handout 7: Skit Scenarios

### Instructions

*Appoint a stage director for the skit you will be preparing in this activity. As a group, go over the skit scenarios below and select one as the basis for your group's skit. Your group can choose to show either effective or ineffective ways of handling the depicted parent's "fight" or "flight" behaviors. Decide on acting roles; everyone in your group should have a part. Use name tags to identify the actors. Feel free to add to the scenario or the actors' parts with real work experiences.*

*Your group has 30 minutes to prepare and practice the skit. All groups will present their skits when the large group reconvenes. Each skit should last about 10 minutes.*

### **SKIT SCENARIO #1: A DIFFICULT DAY AT HEAD START**

This skit takes place at the Head Start Center. A mother, Mrs. Althea Muse, has volunteered to be a teacher's helper today. Soon after Mrs. Muse arrives, she begins an argument with the teacher about the best way to display the children's art work. After that argument is settled, Mrs. Muse yells at one of the children for spilling some paint on the floor. At recess, the teacher pulls Mrs. Muse aside to talk with her about the way the day has begun. During the conversation, Mrs. Muse continues to be argumentative and demanding, and she shouts at the teacher.

### **SKIT SCENARIO #2: CAN THIS FIGHT BE PREVENTED?**

This skit takes place at the home of Mr. and Mrs. Quarles. The Head Start family service worker, Holly Duplechain, arrives late for the home visit and finds Mr. and Mrs. Quarles in the middle of an argument over money. The argument is about what happened to the family's grocery money. Mr. Quarles is accusing his wife of spending the money on bingo, and Mrs. Quarles is accusing her husband of spending the money on beer. It looks like this argument will soon come to blows between the Quarles.

### **SKIT SCENARIO #3: WHO SAID LIFE WOULD BE EASY?**

This skit takes place in the apartment of Ms. Wanda Dolittle, a teenage parent. Ms. Dolittle is facing an eviction from her apartment for falling three months behind in her rent. The Head Start family service worker, T.C. Kent, arrives for a late morning visit and finds Ms. Dolittle just getting up from bed. The apartment is a mess, with clothes, toys, and unwashed dishes everywhere. Ms. Dolittle turns the TV on and stares blankly at the screen. She shows no interest in talking with the worker.

## **Handout 7: Skit Scenarios (continued)**

### **SKIT SCENARIO #4: SAFETY FIRST!**

This skit takes place in the home of Mr. Mike Mulligan, the father of a four-year-old son enrolled in Head Start. Over the weekend, Mr. Mulligan's son was placed in foster care by child protective services (CPS). The Head Start worker, Susan Flaim, arrives at the home to talk with Mr. Mulligan about his plans to find a job. (She does not know about the events over the weekend.) Mr. Mulligan is very abrupt with Ms. Flaim and accuses her of making the report to CPS. He claims that everyone is out to get him because of his recent arrest for selling drugs.

### **SKIT SCENARIO #5: TRY, TRY AGAIN**

This skit takes place in the home of the Farling family. The Head Start worker, Gerrie Cumberland, arrives for a visit with Mrs. Farling, who is a Head Start parent. Mr. Farling is in jail for assault and battery. (He got into a fight with his boss and knocked him unconscious.) Mrs. Farling is very quiet during the visit. Although she doesn't express her feelings verbally, she seems sullen, angry, and tense. Whenever the worker brings up the issues facing Mrs. Farling as she raises her six children alone, Mrs. Farling changes the topic of conversation back to her long history of migraine headaches.

# *Continuing Professional Development*

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Below are some examples of professional development activities for reinforcing and expanding staff training on supporting families in crisis.

## **Learning from Crisis Intervention Experts**

Arrange to have crisis intervention experts conduct workshops or panel discussions for the Head Start staff. Invite professionals who deal with the impact of tragic community/family events, such as family violence, community violence, natural disasters, the death or severe injury of children, and the AIDS epidemic. Have staff prepare for the session by identifying questions or discussion topics for the panel. Some possibilities include solution-focused counseling, worker safety, family preservation services, crisis intervention in child abuse and neglect, crisis intervention in substance-abusing families, partnerships with community-based crisis intervention programs, and family crisis risk assessment.

## **Establishing Crisis Intervention Peer Support Groups**

Form peer support groups, led by a supervisor, trainer or consultant, that focus on Head Start families in crisis, the refinement of crisis-assessment and intervention skills, and/or the development of program and community resources for families in crisis. Also have the peer support groups focus on ways family crises affect staff, and the program supports staff need to deal with the impact.

## **Increasing Community Awareness**

Develop a library of materials for staff and families relevant to crisis intervention and prevention, including publications about family stressors (e.g., poverty, alcoholism, drug addiction, marital discord, physical illness, emotional stress, developmental transitions) and information on model intensive home-based services programs. Next, have staff make a mural or display about community services and resources available to families who are experiencing various kinds of stressful situations. Include program brochures/contact information sheets. Exhibit the mural/display in a prominent location.

## **Developing a Head Start Crisis Team**

Form an interdisciplinary team of staff representing various program areas to be available as in-house consultants when family crises erupt, or to serve as a crisis response team for families in crisis. Ask the crisis team to provide workshops for staff on anger management strategies, stress reduction techniques, and life-coping skills which they, in turn, can teach to families.

Trainers, coaches, and supervisors are advised to review the resources cited below prior to conducting the learning activities in this guide. The resources are also likely to be helpful to training participants who desire more information about the training topics.

## Books

- Gentry, C. *Crisis Intervention in Child Abuse and Neglect*. Washington, D.C.: U.S. Dept. of Health and Human Services, 1994.

This manual, part of the *National Center on Child Abuse and Neglect User's Manual Series*, helps caseworkers improve their assistance to children and families in crisis. Sections present a brief overview of crisis: define crisis, identify the elements and phases of crises, highlight client feelings during a crisis, and discuss the psychological effects of crises; outline the goals of crisis intervention; and describe a nine-step crisis intervention model. This book is available from the Clearinghouse on Child Abuse and Neglect Information, P. O. Box 1182, Washington, D.C. 20013, (800) 394-3366.

- Koralek, Derry. *Caregivers of Young Children: Preventing and Responding to Child Maltreatment*. Washington, D.C.: U.S. Dept. of Health and Human Services, 1992.

This manual examines the roles and responsibilities of caregivers of young children in preventing and reporting child maltreatment. The manual provides an overview of child abuse and explains how to recognize and report cases of suspected abuse. Guidelines for caring for maltreated children and supporting their families are also provided. This book is available from the Clearinghouse on Child Abuse and Neglect Information, P. O. Box 1182, Washington, D.C. 20013, (800) 394-3366.

- Kropenske, Vickie. *Supporting Substance Abusing Families: A Technical Assistance Manual for the Head Start Management Team*. Washington, D.C.: U.S. Dept. of Health and Human Services.

This manual focuses on supporting both children and families affected by substance abuse and provides useful insights on how to deal with this issue. This family wellness handbook provides information and suggestions for staff training and supervision, parent education, development of policy, and establishment of community partnerships. This book is available from the Head Start Publications Center by faxing a request to (703) 683-5769.

- McWilliam, P.J. and D.B. Bailey, eds. *Working Together with Children and Families: Case Studies in Early Intervention*. Baltimore: Paul H. Brooks Publishing Co., 1993.

This collection of 21 case studies reviews the theory and practice of early family intervention and illustrates actual service deliveries and the challenges encountered for the intervener. The focus is on the problem-

solving abilities and decision making choices that professionals may encounter and use in their daily work. Different family situations are presented with some cases resolved, others not, to encourage serious consideration by readers. Summary and decision questions on major issues encountered in the cases follow each exercise. Topics covered in the case studies include developmental problems with newborns, older children, and children with disabilities, and the challenges facing welfare mothers and single parents. Available from the Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1182, Washington, D.C. 20013, (800) 394-3366.

## *Journals and Newsletters*

- Atkinson, Joan C. "Worker Reaction to Client Assault." *Smith College Studies in Social Work*, Vol. 62, No. 1: 34-42.

This article is based on an exploratory study that examines workers' reactions to assault by a client. Findings indicate that workers experienced traumatic symptoms similar to those experienced by other victims of assault. Interviewed workers provide insight and advice for all who work with violent clients. To obtain this article, contact UMI at (800) 248-0360.

- De Jong, Peter and Scott D. Miller. "How to Interview for Client Strengths." *Social Work*, Vol. 40, No. 6 (November 1995): 729-736.

This article describes, explains, and illustrates several interviewing questions that a worker can use to uncover client strengths related to the goals of clients. The fit between these questions and the key concepts of the emerging strengths perspective is examined. To obtain this article, contact the National Association of Social Workers at (202) 336-8600.

- Goodman, Deborah. "How to Help Children After a Disaster." *SAMHSA News*, Vol. 3, No. 3 (Summer 1995): 4-5.

This article offers several tips to parents, teachers, and other adults who work with children on informing and reassuring children after major disasters or crises. To obtain this article, fax your order to the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services, at (202) 512-2250 or phone (202) 512-1800.

- Johnson, Alf C. "Resiliency Mechanisms in Culturally Diverse Families." *The Family Journal: Counseling and Therapy for Couples and Families*, Vol. 3, No. 4 (October 1995): 316-323.

This article examines the initial clinical findings from research assessing resiliency mechanisms in culturally diverse families. A qualitative research methodology is used in identifying and discussing 10 resiliency mechanisms.



- Kapolow, Louis E. M.D. "Plain Talk About Handling Stress." *Plain Talk Series*, Washington, D.C.: U.S. Dept. of Health and Human Services, National Institute of Mental Health, Reprinted 1987.

This article points out that stress is an important part of normal, everyday functioning. However, the author clearly makes a case that prolonged stress is harmful to the body (causing distress). The article provides suggestions on positive ways to respond and use stress. To obtain this article, contact the National Institute of Mental Health, Division of Communications and Education, at 5600 Fishers Lane, Rockville, Maryland 20657.

- Newhill, Christina E. "Client Violence Toward Social Workers: A Practice and Policy Concern for the 1990s." *Social Work*, Vol. 40, No. 5 (September 1995): 631-636.

Using case examples, this article examines client violence and illustrates the ways in which such violence is manifested, the risk factors for violent behavior, and the ways in which incidents psychologically and physically affect clinicians. This article recommends several strategies and policies that social workers and agencies can institute to protect frontline workers from violence without compromising client services. To obtain this paper, contact the National Association of Social Workers at (202) 336-8600.

- Star, Barbara. "Patient Violence/Therapist Safety." *Social Work*, Vol. 29 (May-June 1984): 225-230.

Some social work clients are potentially violent and pose a serious threat to the physical safety of social workers employed in outpatient settings. The author suggests several methods to prevent or reduce the risk of injury when working with these clients. To obtain this article, contact the National Association of Social Workers at (202) 336-8600.

## Hotlines

- *Boys Town National Hotline*. Father Flanagan's Boys' Home. Boys Town, Nebraska 68010. Telephone: (402) 498-1300. HOTLINE: (800) 448-3000 or (800) 448-1833 (TDD).

The Boys Town Hotline can help children and parents in any type of personal crisis. Trained counselors will provide help with problems regarding abusive relationships, parent-child conflicts, pregnancy, runaway youth, suicide, and physical and sexual abuse. The hotline has a computer database of 50,000 local agencies and services around the country. Operators, therefore, not only counsel callers on the telephone, but can refer them for additional help to people and services located in their home towns. The hotline staff actively follows up to see that contact or placement with the local agency has occurred.



# Resources

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- *Child Abuse Hotline.* Childhelp USA. 15757 North 78th Street, Scottsdale, Arizona 85260. Telephone: (602) 922-8212. HOTLINE: (800) 4-A-CHILD or (800) 2-A-CHILD (TDD).

Since 1982, Childhelp has maintained the only national, toll-free crisis hotline dedicated to child abuse and neglect. The Hotline provides round-the-clock access to professional counselors. More than half the calls to the hotline are from people in crisis who need immediate assistance: children, troubled parents, and adult survivors of abuse.

- *National Domestic Violence Hotline.* Texas Council on Family Violence. 3616 Far West Boulevard, Suite 101-297, Austin, Texas 78731-3074. Telephone: (512) 453-8117. HOTLINE: (800) 799-SAFE or (800) 787-3224 (TDD).

The National Domestic Violence Hotline plays an important role in linking individuals and services through a nationwide database storing up-to-date information on domestic violence and emergency shelters, legal advocacy and assistance programs, and social service programs. This database directly contributes to positive working relationships among local, state, and federal service providers. One call to the Hotline's toll-free number summons immediate help including crisis intervention, information, and referrals, in English or Spanish, 24 hours a day, seven days each week.

- *National Runaway Switchboard.* 3080 N. Lincoln Avenue, Chicago, IL 60657. Telephone: (312) 880-9860. HOTLINE: (800) 621-4000 or (800) 621-0394 (TDD).

A not-for-profit organization dedicated to helping youth at-risk through telephone switchboard services, the National Runaway Switchboard provides crisis intervention, referrals, and youth advocacy. All services are confidential.

## Organizations

- *Family Resource Coalition (FRC).* 200 South Michigan Avenue, 16th Floor, Chicago, IL 60604. Telephone: (312) 341-0900. Fax: (312) 341-9361.

FRC, founded in 1981, is a national federation of more than 2,000 organizations and individuals promoting the development of prevention-oriented, community-based programs to strengthen families. In 1991, FRC was awarded a federal grant to operate a National Resource Center for Family Support Programs, which serves as an information clearinghouse and a training and technical assistance resource. It publishes a quarterly newsletter, the *Family Resource Coalition Report*, and a resource directory of programs. FRC also has a Latino Caucus.

- *National Association for Family-Based Services (NAFBS)*. 1513 Stoney Point Road, NW, Cedar Rapids, Iowa 52406, (319) 396-4829

Established in 1984, the NAFBS is an organization of more than 1,000 professionals committed to a family-centered approach in public and private sector human services and social policy. NAFBS holds an annual conference, publishes resources for family-based services, including a quarterly newsletter, and advocates for families and a family-centered approach to social policy and services at federal, state, and local levels.

- *National Association of Social Workers (NASW)*. 750 First Street NE, Suite 700, Washington, D.C. 20002-4241. Telephone: (202) 336-8600.

NASW members are professionally qualified social workers who provide services to children and families in health, education, and social service agencies. Social workers perform case management, coordinate services, and advocate for improvements in client services. NASW organizes conferences, provides information, and advocates for more effective service delivery systems.

- *National Clearinghouse on Child Abuse and Neglect*. P.O. Box 1182, Washington, D.C. 20013. Telephone: (703) 385-7565.

The National Clearinghouse on Child Abuse and Neglect is a resource for professional and concerned citizens seeking information on the prevention, identification, and treatment of child abuse and neglect.

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